



## Volunteer Application

Thank you for your interest in joining MOTIV8U of North Central Florida, Inc. (MNCF), a 501(C)3 non-profit organization. Please complete this form, which will help us ensure the best match between you and our organization. The following information will be kept confidential and only shared with members of the Nominating Committee, and applicable governing bodies of the organization (i.e., Board of Trustees, Board of Directors, etc.).

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Service Area and Customers: \_\_\_\_\_

Education/Training/Certificates: \_\_\_\_\_  
Degree, Certifications, Diplomas

Social Media Profile:  Face Book  Twitter  Instagram

Briefly describe why you would like to join MOTIV8U:

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Please list other organizations that you have served on and your role(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Skills, Experience & Interest (Check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Policy Development  | <input type="checkbox"/> Finance & Accounting | <input type="checkbox"/> Training & Education |
| <input type="checkbox"/> Strategic Planning  | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Marketing & PR       |
| <input type="checkbox"/> Staffing & HR       | <input type="checkbox"/> Administration       | <input type="checkbox"/> Grant writing        |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Networking           | <input type="checkbox"/> Special Events       |

Additional skill(s) you would like to highlight: \_\_\_\_\_

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What would you like to achieve from this volunteer opportunity? (e.g., types of experiences, skills developed, interests to cultivate, etc.)

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**REFERENCE SECTION**

Please list three people, including one relative, whom you have known for at least two years and who know you well enough to provide a reference.

1. NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ LENGTH OF RELATIONSHIP: \_\_\_\_\_ YRS

2. NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ LENGTH OF RELATIONSHIP: \_\_\_\_\_ YRS

3. NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ LENGTH OF RELATIONSHIP: \_\_\_\_\_ YRS

**BACKGROUND CHECKS**

MNCF conducts criminal checks on all of our employees and volunteers. As a condition to volunteer, you must agree to a criminal background check. Please complete the following information.

Date of Birth: \_\_\_\_\_ Any other names you have used in the past: \_\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Ethnicity: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted, pled "nolo contendere", or had adjudication withheld for any crime or offense other than a minor traffic violation? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list: \_\_\_\_\_

**SIGNATURE SECTION**

I certify that the information in this application is true and accurate to the best of my knowledge. I understand that falsification of this application in any degree is grounds for disqualification from volunteering. I understand that MNCF will conduct a background investigation through the local sheriff's office. I hereby authorize this source to release information about me, and understand that MNCF may contact sources not listed herein. I agree to conform to the rules and policies of MNCF and understand that my volunteer status may be terminated if such rules and policies are violated. I understand that MNCF does not carry accidental insurance and agree to use my personal insurance if needed. I agree not to hold MNCF, nor its staff, Board of Directors or sponsors responsible for any injuries or accidents. I authorize the MNCF staff to obtain medical care in the case of injury or accident if a parent or guardian is unavailable to give permission. It is hereby understood and agreed upon that MNCF does not have accident or workers compensation insurance or coverage for volunteers.

**PROJECTED AVAILABILITY (Circle all that apply)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Morning	Afternoons	Evening		

If you join the organization, you agree that you can provide attendance in accordance to the agreed upon schedule, participate in educational and program-related events and that you do not have a conflict-of-interest. You further agree that upon leaving the organization, to voluntarily surrender any and all positions, titles and property of the organization, without a hearing, appeal or judicial review.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***MOTIVATE***

***EDUCATE***

***EQUIP***