

Joe's Club - South 7951 Ron Beatty Blvd. Micco, FL 32976 Joe's Club - Melbourne 4676 N. Wickham Road Melbourne, FL 32935 Office: (321) 253-4430 Fax: (321) 253-1993 Joe's Club North 830 Park Ave. Titusville, FL 32780

VOLUNTEER QUESTIONNAIRE					
PERSONAL INFORMA	TION	Date:			
Name:					
Present Address:	Last	First	Mide	dle	
	Street	City/State/Zip			
Permanent Address:	Street	City/State/Zip			
Phone Number: ()	Email:			
		uesday Wednesday m) Afternoons (1pm-5pm)			
Tell Us About You What are your interests?)				
		uter, phone, people skills, etc.)_			
Have your served with o	ther volunteer organizat	ions? If yes, please list:			
Why did you choose to	olunteer with us?				
Check area of interest your Public relations □ Con		□ Help with special events			
Office Support:	ings □ Filing	□ Data Entry			
Other Wor	k in Day Care	□ Fundraising/Special Events			
Have you ever been cor Have you ever been cor If so, explain		t or exploitation of the elderly? Yes □ No	□ Yes □ No		

REQUEST FOR STATE OF FLORIDA CRIMINAL HISTORY CHECK

We are required by law to perform a state-wide background check on all potential volunteers that will have contact with our clients. The following is only used for this purpose. If you do not wish to disclose this information you must provide us with a State of Florida Department of Elder Affairs Criminal Background Clearance dated within one year of this questionnaire. Please note that we can not allow any person to volunteer in our adult day care program without a state-wide criminal background check being performed.

Date of Birth:		Soc	al Security #:	
	□ Caucasian □ Asian		□ Hispanic	
Have y	ou any defects in he	earing? □ Yes □ No	In Vision? □ Yes □ No	In Speech? □ Yes □ No
informa	ation concerning my		any pertinent information they	listed above to give you any and al may have, and release all parties from
	otice and without ca		•	nay, be terminated at any time withou on of the elderly is cause for immediate
Signatu	ıre			Date
Intervie	wed by Signature			Date