



Volunteer Application

Please return application to volunteer@stepupsuncoast.org

Name:

Address:

Email:

Phone:

Driver's License/ID Number:

Are you 18 years or older:

Employer:

Position:

What prompted your interest in volunteering at Step Up Suncoast?

What programs or services are you interested in volunteering for at Step Up Suncoast?

Number of hours you are available to volunteer each month?

Please provide two references.

Name:

Phone:

Name:

Phone:

Do you have any physical limitations?

In case of emergency. Name:

Phone:

As a volunteer at Step Up Suncoast, I agree to abide by the agency policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all of the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or benefit. I acknowledge that Step Up Suncoast's acceptance of my Volunteer Application may be contingent upon my signing of and agreement to the terms of Step Up Suncoast's Consent to Background Check Agreement, attached hereto, as well as my consent to a drug screening. I also agree that my name and or photo can be used on any agency marketing, fundraising, or general use publications or websites, including social media.

Signature and Date

Inspiring Hope. Improving Lives. Strengthening Communities.

941.827.2887

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StepUpSuncoast.org