

**APPLICATION FOR VOLUNTEER SERVICES
BROWARD HOMEBOUND PROGRAM, INC.**

NAME _____ PHONE (DAY) _____

PHONE (EVENING) _____ SS# _____

HOME ADDRESS _____ CITY _____ ZIP _____

BUSINESS ADDRESS _____ PHONE _____

DATE OF BIRTH _____ OCCUPATION OF APPLICANT _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____

RELATIONSHIP _____

PREVIOUS WORK EXPERIENCE _____

PREVIOUS VOLUNTEER EXPERIENCE _____

SPECIAL TRAINING & LANGUAGES _____

SPECIAL SKILLS, TALENTS, INTERESTS, HOBBIES _____

SERVICE PREFERRED _____

DAYS PREFERRED _____ HOURS PREFERRED _____

DATE OF LAST PHYSICAL _____ FAMILY PHYSICIAN _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE? _____

DO YOU HAVE ANY ILLNESS, ALLERGIES, ETC.? _____ IF YES, EXPLAIN

WHY DO YOU WANT TO BECOME INVOLVED AS A VOLUNTEER WITH THE
BROWARD HOMEBOUND PROGRAM? _____

HOW DO YOU FEEL OUR CLIENT/CLIENTS WILL BENEFIT FROM YOUR INVOLVEMENT WITH THEM? _____

WHO REFERRED YOU TO OUR PROGRAM? _____

DO YOU OWN A CAR? _____ ARE YOU WILLING TO DRIVE OUTSIDE OF YOUR CITY TO SEE A CLIENT? (EXAMPLE: YOU LIVE IN MARGATE. ARE YOU WILLING TO DRIVE TO FT. LAUDERDALE OR HOLLYWOOD?) _____

LIST THREE "NON RELATED" REFERENCES WHO WILL ATTEST TO YOUR MORAL CHARACTER AND THE LENGTH OF TIME YOU HAVE KNOWN THEM:

1. NAME: _____
ADDRESS: _____

PHONE: _____ # YEARS ACQUAINTED _____

2. NAME: _____
ADDRESS: _____

PHONE: _____ # YEARS ACQUAINTED _____

3. NAME: _____
ADDRESS: _____

PHONE: _____ # YEARS ACQUAINTED _____

Please return to:

Broward Homebound Program, Inc.
c/o North Broward Medical Center
201 East Sample Road
Pompano Beach, FL 33064