

# Volunteer Application

This application is to be filled out by the individual applying for the position and turned in to the Haines City Redevelopment Agency.

Please complete this form entirely and **PRINT** clearly in black or blue ink.

Project Volunteering for \_\_\_\_\_

Team Lead \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **Personal Information**

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If a student, please fill out below:

School (if applicable) \_\_\_\_\_ Age (if applicable) \_\_\_\_\_

Current Grade (if applicable) \_\_\_\_\_

## **Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

## **Please read the following carefully before signing below:**

As a volunteer, I understand the conditions associated with this event. I understand that I may need to bend, stretch, reach or walk in order to complete the tasks assigned. I also acknowledge that I am at least **16 years of age or older**. The safety and health of all staff and volunteers is very important to us. I understand that I should conduct in a safe manner at all times. If at any moment I encounter an unsafe situation, I should immediately contact my team lead.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### **FOR MORE INFORMATION**

Haines City Community Redevelopment Agency  
620 E. Main Street, Haines City, FL 33844  
(863) 421-5577  
www.hainescity.com

