



Lighthouse of Manasota

Shining new light on living with vision loss

VOLUNTEER APPLICATION

Personal Contact Information:

Full Name _____

Nickname _____ Gender _____

Application Date _____ Date of Birth _____

Email Address _____

Emergency Contact (Name, Relationship, Phone)

Are you a full time or part time resident? (Please circle) full time part time

If part time, please indicate months available _____

Local Address:

Street _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell _____

Permanent Address (If different than above):

Street _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell _____

Please provide 2 references we may contact (other than relatives)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Background:

Are you a past client of Lighthouse of Manasota? _____

Are you visually impaired? (This will NOT affect volunteer eligibility) _____

Do you have transportation? _____ Public or Private? _____

Have you ever worked with the blind or visually impaired? _____

Do you have previous volunteer experience? _____

Organization Name	Dates	Duties

Are you willing to take a drug screen and have a background check if it's required for your volunteer position? (Please circle) Yes No

Have you ever been convicted of a felony? (Please circle) Yes No

Employment Status (Please circle) full time part time retired student other

(*Minimum age requirement to volunteer is 14 years old.)

Highest Education Level _____ Degree _____

If you are currently employed, what company do you work for? _____

Special skills, training, hobbies:

Do you speak any other languages? If so, please list. _____

Group or Club Affiliations: _____

Do you have any allergies? If so, please list.

Volunteer Preferences:

Please let us know your preferred days of volunteer time. (Check the box that best fits)

Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

If your schedule varies, would you like to be on call as needed? (Please circle)

Yes No

(Optional) How can we best work with your schedule?

Are you willing to travel to any counties we serve? (Please circle)

Sarasota Manatee Highlands DeSoto Charlotte

(Please complete) I am willing to travel _____ miles from _____ zip code.

Would you prefer to work with children, teens or adults? _____

How do you prefer to work? (Please circle) alone one on one small groups

Please check all boxes of volunteer opportunities that interest you:

- Admin support
- Field trips
- Summer program
- Arts & crafts
- Driver for a person with a visual impairment
- Special events - such as fundraisers or event planning
- Marketing
- Web design/development
- Presentations and public speaking
- Health fairs
- Photography or Videography
- Low vision store assistance
- Assistive technology assistance
- Peer facilitator for a support group
- Independent living program facilitation

- Music or performing arts for client groups
- Visual translator/reading for clients
- Construction service such as: painting, electrician, carpentry, plumbing, landscaping
- Gardening
- White cane awareness
- Other: _____

Would you like to be added to our mailing list? _____

How did you hear about us? _____

Why are you interested in volunteering with Lighthouse of Manasota?

Is there anything additional you would like us to know about you?

Based on your volunteer preferences, you may need to provide us with your social security number and pass a level 2 background check. In addition, if you will be driving a client, a driver's license number and insurance card will be required to run additional screening. This information will be collected during your interview, if pertinent.

It may take up to 5 business days for our Volunteer Coordinator to review your volunteer application and contact you to arrange an interview.

If you have any further questions after completing this application or would like to send the application to our office, please contact:

Jeff Martin, Volunteer Coordinator

941-359-1404, jeff.martin@lighthouseofmanasota.org

7318 North Tamiami Trail, Sarasota, FL 34243

Acknowledgement & Authorization

Please read the following carefully before signing.

In consideration for being accepted as a volunteer by Lighthouse of Manasota, I understand and agree to the following:

- My interview will be followed by a mandatory volunteer orientation about Lighthouse of Manasota and working with the blind and visually impaired before any placement is offered.
- Completing this application, having an interview and attending mandatory volunteer orientation does not guarantee a volunteer placement will be offered to me.
- I hereby affirm that the information provided here and in my interview is true and complete to the best of my knowledge, and I authorize Lighthouse of Manasota to investigate and/or independently confirm any information it deems necessary. I understand that false or misleading information or material omissions in my application or interview, or discovered during a background check if performed, may disqualify me from being placed as a volunteer or, if I have already been placed as a volunteer, could result in my immediate discharge.
- I acknowledge that no employment contract has been or will be created by my volunteer relationship with Lighthouse of Manasota. I am a volunteer and I may resign at any time. Lighthouse of Manasota may change or terminate my volunteer position at any time without notice, and may discontinue its relationship with me at any time for any reason. My service is strictly voluntary and I will not be paid or receive any compensation for my time and/or services.
- I realize that by accepting a Lighthouse of Manasota volunteer placement, I am making a commitment. I have considered the commitment of time and responsibility I can make to this position. If I will be volunteering for time-specific assigned shifts, I will report for them on a punctual and consistent basis, will notify my supervisor of any absences with as much lead time as possible, and will notify my supervisor and the Volunteer Coordinator if I wish to terminate this commitment.
- I understand that safety is a particular consideration at Lighthouse of Manasota's property as we seek to serve visually impaired individuals. I will ensure I don't obstruct passageways and exits, will abide by all written and spoken safety rules and will immediately report any injuries to my supervisor.
- If I will be driving in my capacity as a Lighthouse of Manasota volunteer, I will not do so unless I have been approved to do so, will obey all traffic laws and speed limits, and will wear my seat belt and require any passengers to wear their seat belts at all times.
- I realize that Lighthouse of Manasota works with children, aged adults and the disabled, and these individuals can be vulnerable to abuse, neglect and exploitation by their caregivers. In the event that I have reasonable suspicion or knowledge of such behavior toward an individual served by Lighthouse of Manasota, I will advise the CEO of Lighthouse of Manasota AND call the Florida Abuse Hotline at 1-800-962-2873.
- Lighthouse of Manasota is an equal opportunity organization that evaluates all individuals on the basis of their skills and abilities, and applies similar guidelines to its volunteer program. I understand that Lighthouse of Manasota will not tolerate harassment of any kind for any reason either BY or TOWARD a volunteer. Harassment is verbal or physical conduct that creates an intimidating, hostile or offensive work environment. If I have questions about what constitutes harassment, I will contact the Volunteer Coordinator or CEO.

- In the course of volunteering, I may have access to confidential information about Lighthouse of Manasota and its clients, donors, employees and/or volunteers. I agree to keep such information in the strictest confidence, and I understand that federal and state law could be violated if I share this information. If in doubt, I will ask my supervisor about whether certain information is to be considered confidential. I will not remove any confidential information of any kind from the premises.
- I understand that no alcohol, controlled substances (illegal drugs) or smoking are allowed on the property, and I will not report to Lighthouse of Manasota to volunteer if I am under the influence.
- I assume the risk and responsibility for any and all claims, legal actions and cause resulting from injury to myself or others, as well as property damage caused by my negligence or my intentional acts. I release Lighthouse of Manasota and its representatives from any and all liability arising out of any damage, loss or injury to me or my property incurred as the result of my volunteer activities. My estate shall hold harmless Lighthouse of Manasota and its representatives from any claims or actions by my relatives or legal representatives based on my death or injury as a result of my volunteer activities.
- I will not make any political or personal statements to the public on behalf of Lighthouse of Manasota. In particular, I will not make any statements or release any information about Lighthouse of Manasota to any news media except as expressly authorized by Lighthouse of Manasota officials.
- Lighthouse of Manasota’s staff, volunteers, clients and/or others attending our programs may take photographs, videos or recordings of the clients, guests, volunteers and staff for publications and/or broadcast in various media. My personal preference is indicated below:

_____ I hereby consent and authorize my picture and/or video to be taken and used for any publicity and/or outreach materials to include video, print, Internet, website, radio, television, brochures, magazines, newspaper and any other media. I further consent for my name to be used in connection with the pictures and/or videos. I hereby indemnify and hold harmless Lighthouse of Manasota, its staff, Board of Directors, service providers, agents and affiliates, against any and all claims or damages arising out of taking or the use of my pictures, videos and/or name. Any rents, royalties and materials are the sole property of Lighthouse of Manasota and may be edited or altered, with no compensation provided.

_____ I do not consent and authorize for my picture to be taken and used for any purposes.

I hereby acknowledge that I have read, understand and agree to all of the statements above.

Signature of Applicant _____ Date _____

For applicants under 18 years of age:

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____

Volunteer Checklist

Application received? _____

Interview conducted? _____

References contacted? _____

Mandatory volunteer orientation attended? _____

Background check done? _____

Needed if working with or driving clients one on one, working with children or clients in groups for more than 20 hours a month, or for certain financial activities. See Cindy (HR) for a check and information packet.

Driving on Lighthouse business? _____

Collect copy of drivers license and insurance card.

Report to Deanna for inclusion on Lighthouse insurance.

The volunteer may not drive until Deanna has received confirmation that they are eligible.