VISUALITY

2023 – 2024 Volunteer Application

Preferred Name:

Legal Name (if different):

Pronouns: **Date of Birth:**

Residential Address:

City: **State:**   **Zip:**

Mailing Address (if different from above):

City: **State:**   **Zip:**

Phone Number: **Email address:**

Other Contact Information (if none, put n/a):

Emergency Contact Name: **Emergency Contact Relationship:**

Emergency Contact Phone #:

I understand that Visuality, Inc. will only attempt to contact my emergency contact in the event of a true emergency and in the event of such will utilize my indicated name and pronouns, unless otherwise indicated.

○ I consent and agree.

○ I need to talk with someone about this first.

Please select all areas that you are interested in volunteering for:

☐ Center Staff (front desk)   ☐ Cleaning/Maintenance

☐ Youth Programming   ☐ Committee Volunteer (Development, Communications, Gala, etc.)

☐ Other Programming (Non-Youth)

☐ Event Staff (Gala, fundraisers, tabling, programming)   ☐ Other

Please describe your highest level of education and any degrees, training, or special certifications you have received:

Please outline your last five (5) years of employment history:

Please outline any past volunteer experience:

Please tell us why you would like to volunteer for Visuality, Inc.:

Please indicate what history, if any, you have had with our organization (events, groups, social media engagement):

What special skills and abilities do you bring to the organization:

Please provide two references that we may contact on your behalf:

Name:	Phone Number:
Relationship:	Years Known:
Name:	Phone Number:
Relationship:	Years Known:

All volunteers working individually at the center with youth and with the elderly (anyone over 65 years of age) are required by law to pass a level 2 (FBI/Nationwide) background screening.

○ I acknowledge and agree.

○ I need to discuss this with someone from the organization.

Background screens cost approximately $60 per screening. Visuality, Inc. will incur this cost on behalf of those who wish to support the organization, but also appreciates any and all assistance the applicant may be able to provide.

○ I will cover the cost.

○ Visuality will cover the cost.

○ I can cover part of the cost.

Is there anything else you would like us to know:

Thank you for your interest in Visuality, Inc. Once complete, please return to info@visualityswfl.org.