



Broward House

QUALITY SERVICES IN PARTNERSHIP WITH OUR COMMUNITY

Volunteer Application

Personal Information:

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Availability

	Mornings	Afternoons	Evenings
<i>Monday</i>			
<i>Tuesday</i>			
<i>Wednesday</i>			
<i>Thursday</i>			
<i>Friday</i>			
<i>Saturday</i>			
<i>Sunday</i>			

Emergency Contact:

Name: _____

Number: _____

Relationship: _____

General Information

Gender: Male Female

Are you over 18 years of age? Y N

Skills and Interests:

What languages do you speak? _____

Do you wish to volunteer to fulfill service hour requirements? Y N

If yes, how many hours do you require? _____

What volunteer opportunities interest you? Events Reception Desk

Questionnaire

How did you hear about Broward House?

Broward House Client Broward House Event Broward House Website

Internet Newspaper/Magazine Other _____

Do you have any experience in the following:

Customer Service Cash Management Event Management Volunteer Management

Entertainment Screening phone calls Catering Carpentry Cleaning Filing

Why do you want to volunteer for Broward House?

Once application is complete please return to Danielle Del Sordo either via e-mail at volunteer@browardhouse.org or turn it in to our main administration office located at 1726 SE 3rd Ave, Fort Lauderdale, FL 33316.