

# Volunteer and Community Service Program

Fill out and fax to 813-250-3925 or mail to ACT at 1719 W Lemon St; Tampa, FL 33606

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Are you over 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Languages Spoken: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

**Why did you choose Act?** \_\_\_\_\_

\_\_\_\_\_

## Work Experience or Professional Certification

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you willing to volunteer those services with ACT yes \_\_\_\_\_ no \_\_\_\_\_

Hours available: Am \_\_\_\_\_ Pm \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_

## In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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## Required Community Service Information

Reason for Community service \_\_\_\_\_

How many hours needed? \_\_\_\_\_

Community service contact person:

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_