



**Volunteer Skills/Preferences Continued**

List previous volunteer work.

List special skills, training or experience that may be applicable to work with the Family Sunshine Center.

Are there any special accommodations needed for you while volunteering with the Family Sunshine Center?

Why do you want to volunteer with the Family Sunshine Center?

What life experiences have you had that you feel will benefit your work with the Family Sunshine Center?

References: *Complete mailing address required.*

Name	Street Address	City, State	Zip	Phone
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Name	Street Address	City, State	Zip	Phone
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Name	Street Address	City, State	Zip	Phone
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Have you previously been involved with the Family Sunshine Center?

Yes       No

If no, Where did you hear about the Family Sunshine Center Volunteer Program?

**Volunteer Signature**

I certify that information/answers given herein are true and complete to the best of my knowledge. I consent to and authorize the Family Sunshine Center and its employees to complete reference checks by contacting and obtaining information from the references provided above. I also hereby release the Family Sunshine Center and its employees from all liability for damages or claims, which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Signature

Date

Please print and complete this form, sign & date, and return it to:  
Volunteer Coordinator  
Family Sunshine Center  
P.O. Box 5160, Montgomery, AL 36103  
or FAX to 334.206.2111