



MINOR APPLICATION

2330 JOHNNY ELLISON DR. MELBOURNE FL 32901 Office: (321) 725-5160

Minor's Name: _____ Date: _____

<i>✓CHECK THE ONE APPLICABLE TO YOUR CASE:</i>		
COURT ORDERED <input type="checkbox"/>	PRIVATELY VOLUNTEERING <input type="checkbox"/>	GROUP VOLUNTEERING <input type="checkbox"/>
FIRST NAME	MIDDLE INITIAL	LAST NAME
BIRTH DATE:		
GENDER:		RACE/NATIONALITY:
GUARDIAN / PARENT INFORMATION:		
FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
RELATION TO MINOR:		
GENDER:		RACE/NATIONALITY:
DRIVERS LICENSE NUMBER or STATE ID NUMBER :		
PHONE:	CELL:	EMERGENCY NUMBER:
FAX:	EMAIL:	
ADDRESS:		
CITY:	COUNTY:	STATE: ZIP CODE:
MEDICAL ALERTS:		
MINOR'S WORK AREA / TYPE:		
Clothing Sorting and Stock Cleaning in Thrift Shop <input type="checkbox"/> Food Prep and Serving in Kitchen <input type="checkbox"/> Yard Maintenance <input type="checkbox"/>		
DATE OF REGISTRATION:		DATE TO BEGIN SERVICE:

FILL IN THIS SHADED AREA IF THIS IS A COURT ORDERED COMMUNITY SERVICE

COMMUNITY SERVICE OFFICER INFO	OFFICER NAME _____ COUNTY OF OFFENCE _____ OFFICER'S PHONE (____) _____ -- _____ SOCIAL SECURITY NUMBER _____ -- _____ -- _____ CRIME / OFFENSE _____ CASE NUMBER _____ TOTAL HOURS NEEDED _____
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MINOR and PARENT/GUARDIAN MUST SIGN BEFORE VOLUNTEERING

I UNDERSTAND THAT I AM NOT AN EMPLOYEE OF CITA, INC and DO NOT QUALIFY FOR EMPLOYEE RIGHTS AND BENEFITS.
 I UNDERSTAND THAT I AM NOT TO WEAR ANYTHING THAT PRESENTS ANY ILLEGAL or IMMORAL PICTURE, INSIGNIA, GESTURE or WORDS.
 I UNDERSTAND THAT I AM TO DRESS MODESTLY and MAY BE TURNED AWAY IF IMPROPERLY DRESSED.
 I UNDERSTAND THAT I AM NOT TO DISPLAY ADVERTISEMENTS OF TOBACCO PRODUCTS or ALCOHOL.
 I UNDERSTAND THAT I AM TO ACT IN A COMPLIANT and COMPATIBLE ATTITUDE WITH OTHERS ON THE PREMISES and OBEY MY SUPERVISOR.
 I UNDERSTAND THAT I AM NOT GUARANTEED THE OPPORTUNITY TO VOLUNTEER AT THIS ORGANIZATION and THAT THIS ORGANIZATION RESERVES THE RIGHT TO REFUSE THIS OPPORTUNITY.
 I UNDERSTAND THAT ACCEPTANCE OF THIS SERVICE IS NOT GUARANTEED and THAT IT IS MY OBLIGATION TO VERIFY THAT THIS TIME SERVED WILL BE ACCEPTED BY ANY OTHER ORGANIZATION THAT HAS ESTABLISHED MY SERVICE HOURS.
 I UNDERSTAND THAT THIS REGISTRATION IS GOOD FOR 60 DAYS ONLY AND I WILL HAVE TO RE-REGISTER THEREAFTER.
 AS PARENT / GUARDIAN, I UNDERSTAND IT'S MY OBLIGATION TO NOTIFY THIS ORGANIZATION OF ANY CHANGES IN INFORMATION OR DIRECTIVES OR PERMISSIONS.
 AS A MINOR VOLUNTEER, I UNDERSTAND THAT I MUST STAY WITHIN THE WORK AREA ASSIGNED TO ME and BE COMPLIANT TO MY SUPERVISOR or THE REGISTERED PARENT / GUARDIAN WILL BE CALLED TO RETRIEVE ME.
 AS A PARENT / GUARDIAN, I AGREE TO BE WILLING AND ABLE TO RETRIEVE THIS MINOR-VOLUNTEER WITHIN 60 MINUTES DURING ALL VOLUNTEER HOURS.
 I HAVE READ THIS DOCUMENT WITH THE AID OF MY PARENT / GUARDIAN AND UNDERSTAND ALL INFORMATION AND AGREEMENTS.

MINOR'S SIGNATURE _____ DATE _____

PARENT / GUARDIAN'S SIGNATURE _____ DATE _____