

ADULT APPLICATION



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

Last Name: _____

First Name _____

<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: ____/____/____	RACE: _____	CITIZEN: <input type="checkbox"/> USA / <input type="checkbox"/> OTHER
START DATE		
PHONE		
EMAIL		
ADDRESS		
CITY		
COUNTY		
STATE		
ZIP CODE		
FOR GROUP INFO	GROUP NAME _____	
	GROUP PHONE CONTACT _____	
	GROUP LEADER NAME _____	
	NUMBER IN GROUP _____	
	DATE OF VOLUNTEER _____	
Check Your Desired Areas to Volunteer Your Services:	<input type="checkbox"/> Yard/Garden <input type="checkbox"/> Donation Sorting <input type="checkbox"/> Kitchen Help <input type="checkbox"/> Building Cleaning <input type="checkbox"/> Vehicle Cleaning <input type="checkbox"/> Newsletter Folding <input type="checkbox"/> Office Work	

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

OFFICER or JUDGE NAME _____ COUNTY OF OFFENCE _____ OFFICER'S PHONE (____) _____	SOCIAL SECURITY NUMBER ____-____-____ CRIME / OFFENSE _____ CASE NUMBER _____ CONVICTED FELON: YES <input type="checkbox"/> OR NO <input type="checkbox"/> NUMBER OF HOURS NEEDED _____
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YOU MUST SIGN BEFORE VOLUNTEERING AND READ BEFORE SIGNING.

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 CITA and THAT CITA RESERVES THE RIGHT TO REFUSE THIS OPPORTUNITY.
 I UNDERSTAND THAT CITA CANNOT GUARANTEE THE ACCEPTANCE OF THIS SERVICE BY MY OFFICER and THAT IT IS MY OBLIGATION TO VERIFY THAT THIS TIME SERVED AT CITA WILL BE ACCEPTED BY THE COURTS THAT ESTABLISHED MY SERVICE HOURS.
 I UNDERSTAND THAT THIS REGISTRATION IS GOOD FOR 30 DAYS ONLY AND I WILL HAVE TO RE-REGISTER THEREAFTER.

SIGNATURE _____ DATE _____