

# APPLICATION FOR OFFICE VOLUNTEER



Please type or print

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Other Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ School Phone: \_\_\_\_\_ Until: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## AVAILABILITY (check all that apply)

- Any day  Monday  Tuesday  Wednesday  Thursday  Friday  
 Mornings  Lunchtime  Afternoon  Other: \_\_\_\_\_

## EDUCATION

| School/College | Dates Attended | Degree/Major/Minor |
|----------------|----------------|--------------------|
|----------------|----------------|--------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

## WORK/VOLUNTEER EXPERIENCE (can attach resume)

| Organization Name | Dates | Position | Nature of Work |
|-------------------|-------|----------|----------------|
|-------------------|-------|----------|----------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

## PERSONAL REFERENCES

| Name | City/State | Phone | Relationship to You |
|------|------------|-------|---------------------|
|------|------------|-------|---------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

What are you most interested in doing/learning as a volunteer for the Chamber?

Is there anything you would like us to know about you?

Do you have a valid driver's license? \_\_\_\_\_ Will you be bringing your own car? \_\_\_\_\_

How did you learn the Ocala/Marion County Chamber of Commerce? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain

**I agree that the above information is true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return completed application to:**  
Zoe Zygmunt, Vice President Operations  
Ocala/Marion County Chamber of Commerce  
110 E. Silver Springs Blvd.  
Ocala, FL 34470  
Fax: (352) 629-7651  
Email: [zoe@ocalacc.com](mailto:zoe@ocalacc.com)  
Phone: (352) 629-8051