

St. Petersburg College
Special Services
VOLUNTEER REGISTRATION FORM

Name: _____ Social Security number _____
Last First MI

Address: _____
Street City/State ZIP

Home phone: _____ Office phone: _____

E-mail address: _____ Birth date: _____
(Optional) Month/Day/Year

Resident of Pinellas County ____ / ____ Resident of the State of Florida ____ / ____
Months or years Months or years

____ I have my own transportation. Driver's license number _____
Number State

____ I rely on public transportation.

Education:

High school/technical trade: _____
Name City/State

College: _____
Name City/State Major Degree

Employer:

Current or previous: _____ How long? _____

List skills, hobbies, interests: (eg. foreign languages, photography, computers, sports,
other volunteer experiences, etc.) _____

SPC program or area of interest to you as a volunteer: Palladium

Location(s) at which you wish to volunteer (list in order of preference using 1 as your first
choice, 2 - second, etc.).

_____ Allstate Center
3200 34 Street S, St. Petersburg
_____ Clearwater Campus
2465 Drew Street
_____ EpiCenter
13805 58 Street N, Largo
_____ Health Education Center
7200 66 Street N, Pinellas Park
_____ St. Petersburg/Gibbs Campus
6605 Fifth Avenue N

_____ SPC Downtown
244 Second Avenue N, St. Petersburg
_____ SPC Midtown
1048 22 Street S, St. Petersburg
_____ Seminole Campus
9200 113 Street
_____ Tarpon Springs Campus
600 Klosterman Road
_____ Palladium

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Days/Times I am available (circle days and note specific times):

_____ Monday _____ Tuesday _____ Wednesday
 _____ Thursday _____ Friday _____ Saturday
 _____ Sunday

List any time limitations such as seasonal residence or dates you will not be available:

In case of emergency, I give my permission to notify:

_____ Name _____	_____ Relationship _____	_____ Phone number _____
_____ Address _____	_____ City/State _____	_____ ZIP _____

Limitations you wish to make us aware of: _____

Have you ever been convicted of or had adjudication withheld in a criminal offense other than a minor traffic violation, or are there any criminal charges now pending against you other than a minor traffic violation? _____ Yes _____ No

If yes, please explain: _____

Personal or social relationships are discouraged, as is inappropriate attention with students, staff or instructors. The volunteer-student/staff/instructor relationship should at all times be professional and any conduct by a volunteer which unnecessarily or unreasonably creates an intimidating, hostile or offensive academic environment in violation of the rights of others is inappropriate and unacceptable and may result in your privilege to serve as a volunteer being withdrawn. Services provided to students or staff should always be done on college premises or at a place approved by college officials.

I will perform my duties to the best of my ability, follow volunteer position description guidelines and the directions of my supervisors, meet time commitments, and provide adequate notice so that alternate arrangements can be made in the case of my absence. In signing below, I agree to abide by the rules and procedures of the college. I further understand that my service to the college will not create the expectation of receiving any compensation, material benefits or future employment from the college. This agreement is based upon the mutual understanding that either party may terminate this agreement with notice and without cause.

I authorize St. Petersburg College to obtain reference/background checks as needed and to release all such parties from all liability for any damage that may result from furnishing such information for you.

_____ Volunteer's Signature _____ Date _____

St. Petersburg College is dedicated to the concept of equal opportunity. The college will not discriminate on the basis of race, color, religion, sex, age, national origin or marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO at (727) 341-3261 or by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489.

St. Petersburg College
Special Services
STATISTICAL DATA COLLECTION FORM

Dear Volunteer,

St. Petersburg College is dedicated to the concept of equal opportunity. The college will not discriminate on the basis of race, color, religion, sex, age, marital status or against any qualified handicapped individual in its volunteer practices or in the admission and treatment of students.

Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college shall not tolerate such conduct.

The data requested on this form is VOLUNTARY and will have no impact upon the consideration of you as a volunteer. Information on ethnic origin of volunteers will not be used for discriminatory purposes. The data is made available to supervisory and management personnel for statistical purposes and for reporting as required by the United States Office for Civil Rights and the various agencies in Florida.

Section 1: Race and Ethnic Data. Please indicate the group with which you identify or to which the community regards you as belonging (optional):

- Black (Black racial groups of Africa)
- American Indian or Alaskan Native (Origins of any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition)
- Asian or Pacific Islander (origins in any of the peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian Subcontinent, i.e. China, India, Japan, Korea, Philippines and Samoa)
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin)
- White (Original peoples of Europe, North Africa or the Middle East)

Section 2: Personal Data (optional):

Male Date of Birth _____
 Female Month/Day/Year

Section 3: Physical Handicapped Data (optional):

I consider myself as having a physical or mental impairment which substantially limits one or more major life activities (performing manual tasks, walking, seeing, hearing, speaking, breathing, learning; or as having a record/history of such an impairment; or as being regarded as having such an impairment.

I do not consider myself as being physically handicapped.

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