St. Petersburg College

College Reach-Out Program (CROP) VOLUNTEER REGISTRATION FORM

Jame:	Social Security #				
Last	Firs	t MI			
Address:			City/State	ZIP Code	
Street	·		Lity/State	ZIP Code	
ome phone:			Office phone:		
-mail address:			Birth date:		
			(Optional)		
esident of Pinellas	County / Months or		Resident of the stat	te of Florida/	
ucation:	Months or	Yrs.		Months or Yrs.	
	cal Trade:	N			
		Name		City / State	
ollege:	ıme	C'I / C'I I		D	
INa	ime	City / State	Major	Degree	
nployer			_		
rrent or previous:	r previous:			How long?	
	ailable (Check days and Monday	note specific times.)	uesday 🔲	Wednesday	
	Thursday	Fr	iday 🔲	Saturday	
		Su	ınday		
☐ I have my own transportation.		on. Driver's Licens	se #:Nu	mber State	
☐ I rel	y on public transportation	on.			
case of emergency	y, I give my permission	to notify:			
Name		Relationship		Phone #	
Address	3	City/State		ZIP Code	
nitations you wish	n to make us aware of: _				
		dication withheld in a criminal ther than a minor traffic violation		or traffic violation, or are there any f yes, please explain:	
ucational, healthy,	, productive, and sound			bilities of the program to ensure an release St. Petersburg College and th	
Vo	lunteer'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, 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; by mail at PO Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at eaeo_director@spcollege.edu