



SPUMS/Preschool

4901 Gulf Breeze Parkway
Gulf Breeze, FL 32563
850-932-0692 Office
850-932-2953 Fax

Volunteer Application

Name: _____ SSN: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Personal References:

1. Name: _____ Phone Number: _____

Address: _____

Relationship: _____ Years known: _____

2. Name: _____ Phone Number: _____

Address: _____

Relationship: _____ Years known: _____

Employment References (If applicable):

1. Name of Employer: _____ Phone Number: _____

Address: _____

Have you been convicted of a felony within the last 7 Years? _____

*Conviction will not necessarily disqualify an applicant from volunteering; however, be aware that background checks will be performed as required by law.

If yes, explain: _____

Applicant's Signature

_____/_____/_____
Date