

 **jasMics Foundation, Inc (JMF)**

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Volunteer Application

Help us proactively prevent and support cure of microcolon and other disorders in precious, fragile and delicate infant lives.

Please print

First Name: _____ Last Name: _____
Address: _____ City/State/Zip: _____
Telephone: (____) ____-____ Date of Birth: __/__/____ Email: _____

Personal Information (please circle correct response):

Gender: Male Female **Felony/Criminal Conviction:** Yes No

Physical Limitations: No Yes (please explain) _____

Education: (please circle highest level completed below)

High School, Vocation/Technical, Two-year College, Four-year College, Graduate School or Doctorate

Former work/occupation _____

Most recent employer _____

List previous volunteer experience _____

Skills: (please list your skills and indicate proficiency level) Skilled, Can Teach or Amateur

1 _____

2 _____

3 _____

Languages _____ Read and/or Write _____

1 _____

2 _____

Volunteer interest focus role _____ **Availability:** (please circle below)

Number of Days per week: 1, 2, 3, 4, 5, 6 or 7

Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday or No Preference

Times Available: Mon _____ Tue _____ Wed _____

Thur _____ Fri _____ Sat _____ Sun _____

Transportation: (please circle correct response below about how you will get to your assignment)

Walk, Public Trans/Bus/Train/Plane, Taxi, Car or Other _____

In an emergency, notify:

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Telephone: (____) ____-____

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

Signature/Volunteer _____ Date _____

Office Use:

___ Approved ___ Denied **Staff Comments:** _____

Staff Signature: _____ **Date** _____