



**COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT**

**Older Adults & Individuals with Disabilities Services Division**



**R.E.L.I.E.F. Volunteer Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:  Male  Female  
Veteran  Yes  No  
Marital Status  Married  Widowed  Single  Divorced

Telephone No: \_\_\_\_\_ Last 4 digits of Soc.Sec. No: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Previous Occupations: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**Area of Interest**

Method of Transportation: \_\_\_\_\_

Tell us why you wish to become a Volunteer: \_\_\_\_\_

List Memberships to Organizations or Clubs: \_\_\_\_\_

List Hobbies & Special Skills: \_\_\_\_\_

Willing to Work:  Afternoon  Saturday  Sunday

**Emergency Contact Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

**Character References**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Certification**

I \_\_\_\_\_, do certify that the above information as stated is correct to the best of my knowledge. I also consent to having the department perform or arrange for a criminal history check in accordance with the State requirements for the program.

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

Submit Application to: Miami Dade County  
Community Action and Human Services Department  
Older Adults & Individuals with Disabilities Services Division  
1600 NW 3rd Avenue, Suite 103, Miami, FL 33136  
Phone: (786) 469-4855 Fax: (786) 469-4510

**For Office Use Only**

Eligible  Not Eligible



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**Older Adults & Individuals with Disabilities Services Division**  
**R.E.L.I.E.F. Volunteer Application**



Apellido: \_\_\_\_\_ Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Sexo:  Hombre      Veterano  Si      Status  Casado  Viudo  
 Mujer       No      Matrimonial:  Soltero  Divorciado

No. de Teléfono: \_\_\_\_\_ Ultimo 4 No. de Seguro Social: \_\_\_\_\_

Edad: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Lugar de Nacimiento: \_\_\_\_\_

Ultimo Nivel de Educación: \_\_\_\_\_ Idiomas Hablados: \_\_\_\_\_

Ocupaciones Anteriores: \_\_\_\_\_ Ethnicidad: \_\_\_\_\_

**Área de interés**

Por que quiere servir como voluntario(a)?: \_\_\_\_\_

Su Modo de Transportación: \_\_\_\_\_

Membresías de organizaciones: \_\_\_\_\_

Afición o destreza especial: \_\_\_\_\_

Dispuesto a trabajar:  Tardes     Sabado     Domingo

Nombre: \_\_\_\_\_ Dirección: \_\_\_\_\_

No. de Teléfono \_\_\_\_\_ Relación al Aplicante: \_\_\_\_\_

**Referencias**

Nombre: \_\_\_\_\_ Dirección: \_\_\_\_\_ No. de Teléfono \_\_\_\_\_

Nombre: \_\_\_\_\_ Dirección: \_\_\_\_\_ No. de Teléfono \_\_\_\_\_

**Certificación**

Yo, \_\_\_\_\_, certifico que la información escrita arriba es correcta de acuerdo a mis conocimientos. Yo doy me consentimiento para que el programa administre una revision de antecedentes penales de acuerdo con las regulaciones Estatales del programa.

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

Someta aplicación a:      **Miami Dade County**  
**Community Action and Human Services Department**  
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**Phone: (786) 469-4855 Fax: (786) 469-4510**

**Para Uso Oficial:**

Elegible       elegible