



Friends of the  
St. Augustine Amphitheatre, Inc.  
P.O. Box 840179  
St. Augustine, Florida 32080-0179

**VOLUNTEER Application**  
**Friends of the St. Augustine Amphitheatre, Inc.**

**Applicant Information**

FULL Name: \_\_\_\_\_ Date: \_\_\_\_\_

Maiden/Alias Names: \_\_\_\_\_

Gender: FEMALE      MALE

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Social Security Number: (###-##-####) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

Street Address

Apartment/Unit#

City, State, Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

YES      NO

YES      NO

Are you a citizen of the United States?

If no, are you authorized to work in the U.S.

YES      NO

Have you ever been convicted of a felony?

If yes, when? \_\_\_\_\_

**Education**

Please check highest level completed

ELEMENTARY

HIGH SCHOOL

TECHNICAL SCHOOL

SOME COLLEGE

COLLEGE

GRADUATE SCHOOL

PROFESSIONAL TRAINING

OTHER

**VOLUNTEER Application**  
**Friends of the St. Augustine Amphitheatre, Inc. Cont.**

**References**

Please list two professional references.

Full Names \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**SPECIAL SKILLS**

SKILLS	VERY EXPERIENCED	SOMEWHAT EXPERIENCED	LITTLE OR NO EXPERIENCE
Strategic Planning			
Funding raising			
Program Planning and evaluation			
Recruiting New Members			
Communication, Public and Media relations			
Public Speaking			
Website development			
Special Events(planning and Development)			
Legal knowledge			
Arts and Crafts			
Music Instructor			
Art Instructor			
Dance Instructor			

**VOLUNTEER Application**  
**Friends of the St. Augustine Amphitheatre, Inc. Cont.**

**IF ACCEPTED AS A VOLUNTEER FOR THE FRIENDS OF ST. AUGUSTINE  
AMPHITHEATRE, INC., (FOSAA)**

1. I SHALL HOLD AS ABOLUTELY CONFIDENTIAL, ANY INFORMATION THAT I MAY OBTAIN DIRECTLY OR INDIRECTLY WHILE SERVING AS A FOSAA VOLUNTEER.
2. I WILL DONATE MY SERVICES TO FOSAA WITHOUT CONTEMPLATION OF COMPENSATION OR FUTURE EMPLOYMENT AND GIVE MY SERVICE FOR HUMANITARIAN AND CHARITABLE PURPOSES.
3. I SHALL NOT SELL OR ATTEMPT TO SELL GOODS OR SERVICES, REQUEST CONTRIBUTIONS OR SOLICIT PERSONS TO SIGN OR DISTRIBUTE POLITICAL PETITIONS WHILE VOLUNTEERING FOR FOSAA.
4. I WILL BE PUNCTUAL AND CONSCIENTIOUS AND CONDUCT MYSELF WITH DIGNITY, COURTESY AND CONSIDERATION OF OTHERS AND WILL ENDEAVOR TO MAINTAIN A PROFESSIONAL APPEARANCE AND DELIVER QUALITY SERVICE.
5. I WILL BE PROFESSIONAL AND CONDUCT MYSELF IN THIS MANNER AT ALL TIMES WHILE INTERACTING WITH PATRONS AND/OR CUSTOMERS OF FOSAA.
6. I WILL NOT DRINK ANY ALCOHOLIC BEVERAGES WHILE I AM VOLUNTEERING FOR FOSAA.
7. I ACKNOWLEDGE THAT FOSAA CAN RELEASE ME AS A VOLUNTEER AT ANYTIME.
8. I ACKNOWLEDGE THAT FOSAA ASSUMES NO RESPONSIBILITY FOR ANY ACTIONS BY ME THAT ARE BEYOND THE SCOPE OF RESPONSIBILITIES DEFINED BY MY SPECIFIC WORK ASSIGNMENT.

**BY TYPING MY NAME BELOW AT “VOLUNTEER’S NAME”, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE VOLUNTEER EXPECTATIONS AS STATED ABOVE AND AGREE TO ADHERE TO THEM WHILE SERVING AS A FOSAA VOLUNTEER.**

\_\_\_\_\_  
**VOLUNTEER’S NAME**

\_\_\_\_\_  
**DATE**