



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## VOLUNTEER SERVICES PROGRAM APPLICATION FOR ONE-TIME OR SHORT-TERM VOLUNTEER/INTERN/MENTOR SERVICES

Application Date: \_\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Volunteer Supervisor Name: \_\_\_\_\_

Facility/Program: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Volunteer service(s) to be provided:

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date) (Date)

Location where service(s) provided:

Signatures:

\_\_\_\_\_ (Volunteer)

\_\_\_\_\_ (Supervisor)

\_\_\_\_\_ (Volunteer Liaison)