



# MoLab, Inc. Counselors-In-Training Volunteer Application

1700 North Monroe Street, Suite 11-223  
Tallahassee, FL 32303  
www.tallymolab.org

## Personal Information (please print)

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

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
*HOME CELL*

Male  Female  Caucasian  Hispanic  African American  Asian/Pacific Islander  Native American  Other

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*HOME CELL WORK*

New Volunteer:  Yes  No  
Have you previously Volunteered with MoLab? \_\_\_\_\_

Returning Volunteer:  Yes  No  
If so, when? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_  
If yes please list employer(s) \_\_\_\_\_

Are you volunteering to satisfy a community service requirement? Yes  No

If yes please indicate program name, requirements, contact person and phone number \_\_\_\_\_

## Academic Information

School: \_\_\_\_\_

Level: \_\_\_ HS \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Jr \_\_\_ Sr Graduation Date: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Academic Areas of Interest or Expertise: \_\_\_\_\_

## References

Please list the names, addresses and telephone numbers of two personal references that have known you for at least one year. Please do not list family members.

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

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

Home Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Volunteer Scheduling**

Volunteers and interns must be willing to occasionally meet at a designated community location, be self driven, and maintain excellent communication with their supervisors. Please indicate when you are available. CITS work either full day (8:30 a.m. – 4:30 p.m.) or half day (8:30 a.m.-12:30p.m./12:30p.m.-4:30p.m.) shifts.

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Please indicate when your schedule might change  
(vacations, appointments, other commitments) \_\_\_\_\_

Please indicate which age group you prefer to work with; PreK-1<sup>st</sup>, 2<sup>nd</sup>-3<sup>rd</sup>, 4<sup>th</sup>-5<sup>th</sup>, or 6<sup>th</sup>-8<sup>th</sup>. \_\_\_\_\_

**Relevant Experience**

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**Level 2 Screening Information**

All camp staff and volunteers must complete a Level 2 Background Screening. There is an \$80 fee for new volunteers and \$33 for returning volunteers to participate in the CIT Program to cover this expense. MoLab, Inc. will schedule the screening and maintain records of the results. Please use the check list below to make sure you have received and returned the following documents. Indicate three convenient options for screening dates and times (no sooner than 60 days prior to beginning volunteer service).

- 1. Clearing House Applicant Request Form
- 2. Privacy Policy

**Options for Scheduling Screening Date and Times:** (Monday – Friday 9 a.m. – 3:45 p.m.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Payment Information:**

- Check # \_\_\_\_\_
- PayPal Confirmation Number \_\_\_\_\_

**Certification**

**Parental Consent (for applicants under 18 years of age)** I have read and understand this application, and I give my child permission to volunteer with MoLab, Inc. I accept fully the responsibility for my child’s participation in the program. MoLab, Inc. has permission to call an emergency medical responder if my child has a medical emergency.

**Special Permissions:**

- 1. My child has permission to take field trips planned with some classes.
- 2. Photographs or video images may be taken for marketing purposes. I give permission for my child’s image to be used.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

I certify that I have received information on obtaining a background clearance in order to work with children. I authorize MoLab, Inc. to obtain a Background Report or reports for use in connection with my application for volunteering and for other volunteer-related reasons. If retained as a volunteer, this authorization shall remain on file and serve as ongoing authorization for procurement of volunteer-related consumer reports at any time during my tenure. I understand that the term “consumer report” includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I further understand that the term “investigative consumer report” means a report of information on my character, general reputation, personal characteristics, or mode of living obtained through personal interviews with individuals who may have knowledge concerning any such items of information.

\_\_\_\_\_  
**Signature of Individual**

\_\_\_\_\_  
**Date**