



**STATE OF FLORIDA VOLUNTEER ADMINISTRATION CERTIFICATION
Application Form**

I. Individual Information:

Is your organization a member of Volunteer Jacksonville? Yes No

Which Volunteer Administration Certification Institute training date do you wish to attend? Fall 2004 Spring 2005

Person Attending: _____

Job Title: _____

Name of Organization: _____

Home Mailing Address: _____

City _____ State _____ Zip _____

Daytime Email: _____

Business Phone: _____ Home Phone: _____

Years with Organization: _____ Years in Volunteer Management: _____

II. LETTER OF SUPPORT FROM THE CEO/ED OF YOUR ORGANIZATION MAILED WITH YOUR APPLICATION

III. List of 5 Current volunteer management responsibilities you have within your organization:

A.

B.

C.

D.

E.

IV. Payment

Local Volunteer Center: Volunteer Jacksonville, Inc.

Volunteer Center Contact Person: Beverly R. Hamilton, M.Ed.

***Payment by: _____ Check _____ Visa _____ Mastercard _____ Cash**

***Card Number: _____ Exp. Date: _____**

***Name on Card: _____**

Signature: _____ Date: _____

Please maintain a copy of this application for your records and confirmation. Return completed application and fees at least 5 days prior to class date to:

**Volunteer Jacksonville, Inc.
Volunteer Administration Certification
4049 Woodcock Drive, Suite 100
Jacksonville, Florida 32207**

***Payment information will be blotted before submitting application to the state for certification.**

