



Hands On
JACKSONVILLE

HANDS ON JACKSONVILLE'S (HOJ'S) VOLUNTEER MANAGEMENT TRAINING SERIES (STATE VOLUNTEER ADMINISTRATION CERTIFICATE OF COMPLETION)

APPLICATION FORM

Date: _____

Training date you wish to attend August/September 2010 February 2011

Person Attending: _____

CONTACT INFORMATION

Address: _____ Home or Work

City: _____ State: _____ Zip : _____

Daytime Email: _____

Business Phone: _____ Home Phone: _____

If you are on staff or are a regular volunteer with a HOJ member agency, please complete the following

Name of Organization: _____

Years with Organization: _____ Job Title: _____

Agency ED/CEO Signature: _____

If you are an employee of a HOJ business or corporate sponsor, please complete the following

Name of Business/Corporation: _____

Company Contact: _____ Phone: _____

HOJ Member Agency Staff/Volunteers: \$195		Payment: _____
HOJ Business/Corporation Sponsor Employees: \$195		
HOJ Project Leaders: \$195		
All Others: \$285		
Method of Payment		
Check Number: _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card Number: _____
Expiration Date: _____		Payment Amount: _____
Name as it appears on the card: _____		
Signature: _____		
<p>Please remit payment and this completed form to: HandsOn Jacksonville, Attn: Nancy Knight 6817 Southpoint Parkway ~ Suite 1902 ~ Jacksonville, Fl. 32216 Phone: (904) 332-6767 Fax: (904) 332-6722</p>		