



CITY OF GREENACRES VOLUNTEER APPLICATION

HUMAN RESOURCES
5800 Melaleuca Lane
Greenacres, FL 33463-3515

INSTRUCTIONS: Submit the original application only. Please type or print the application and **ANSWER ALL QUESTIONS**. If a question does not apply, write "Not Applicable" or "N/A." You may include a resume or other related documentation as a **supplement** to this volunteer application.

Date of Application: _____ Volunteering For: _____

Name: _____

Home Address: _____ Home Phone: _____

_____ Other Phone: _____

WORK HISTORY: Please list all volunteer and/or paid work experience starting with the most recent position.

Employer Name: _____ Phone: _____

Address: _____ Supervisor: _____

_____ From _____ To _____

Position Title & Duties: _____

Employer Name: _____ Phone: _____

Address: _____ Supervisor: _____

_____ From _____ To _____

Position Title & Duties: _____

OTHER EXPERIENCE: Please list other experience that you feel may be important to the City upon consideration of your application for volunteer service.

EMERGENCY CONTACT:

Name: _____ Home Phone: _____

Home Address: _____

EDUCATION:

Did You Graduate?

High School: _____

Yes No

Location: _____

College/University: _____

Yes No

Location: _____

Other Training/Education:

Yes No

Yes No

DRIVER'S LICENSE:

State of Issuance: _____ License Number: _____ Expiration Date: _____

BACKGROUND INFORMATION:

Have you ever been convicted of a felony or first-degree misdemeanor, pled "Nolo Contendere," or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes No . If yes, please give dates, city and state, charges, and disposition of the case:

PERSONAL REFERENCES: (Do not include relatives or former employers.)

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

I hereby certify that all answers given by me on this volunteer application are true to the best of my knowledge.

Signature: _____ Date: _____

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Division of Human Resources
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PARENTAL Authorization For Release of Information
(THIS FORM MUST BE COMPLETED FOR ANYONE UNDER AGE 18)

TO: Authorized Representative of any Organization, Institution or Repository of Records

APPLICANT'S/VOLUNTEER'S FULL NAME: _____

DATE OF BIRTH: _____

I respectfully request and authorize you to furnish any and all information and records that you may have to the CITY OF GREENACRES. This information will be used to assist the CITY OF GREENACRES in conducting a background investigation to determine my child's qualifications for the position for which he/she is applying.

I hereby release you, your organization, the City of Greenacres or others from any liability or damage, which may result from furnishing the information requested above.

Parent's Printed Name: _____

Parent's Signature _____ Date: _____

Address City State Zip

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____, who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Signed before me this _____ day of _____, 20____. He/she is personally known to me or has produced _____ as identification.

Notary Public Signature

Notary Public Name; Typed or Printed

CITY OF GREENACRES
Division of Human Resources
5800 Melaleuca Lane
Greenacres, FL 33463-3515

Authorization For Release of Information

To: Authorized Representative of any Organization, Institution, or Repository of Records

VOLUNTEER'S FULL NAME: _____

I respectfully request and authorize you to furnish any and all information and records that you may have to the CITY OF GREENACRES. This information will be used to assist the CITY OF GREENACRES in conducting a background investigation to determine my qualifications for the position for which I have applied.

I hereby release you, your organization, the City of Greenacres or others from any liability or damage, which may result from furnishing the information requested above.

Applicant's Signature: _____ Date: _____

Address City State Zip

A F F I D A V I T

STATE OF _____

COUNTY OF _____

Before me personally appeared _____, who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Signed before me this _____ day of _____, 20____. He/she is personally known to me or has produced _____ as identification.

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