



# Volunteer Application

<b>NAME: First</b>			<b>M.I.</b>	<b>Last:</b>
<b>Address:</b>			<b>City/State/Zip:</b>	
<b>Department(s) you are interested in volunteering for:</b>		<b>E-mail address:</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>		
<b>CHECK ALL THAT APPLY</b>				
<b>Education:</b>	<input type="checkbox"/> Diploma or GED	<input type="checkbox"/> Still in High School	<b>Name of H.S.</b> _____	
	<input type="checkbox"/> Some College	<input type="checkbox"/> 2 Years of College	<b>Current Grade, if still in H.S.</b> _____	
	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> 4 Years of College	<input type="checkbox"/> Other	
<b>Special Skills:</b>	<input type="checkbox"/> Windows	<input type="checkbox"/> 10-Key	<input type="checkbox"/> Typing: _____ wpm	
	<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Access	
	<input type="checkbox"/> MS Outlook	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Other	
<b>Driver License:</b>	<input type="checkbox"/> Class E Operator	<input type="checkbox"/> CDL A	<input type="checkbox"/> CDL B	<input type="checkbox"/> CDL C
				<input type="checkbox"/> Other
<b>Languages:</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other	
<b>Certifications:</b>	<input type="checkbox"/> CPR	<input type="checkbox"/> First Aid	<input type="checkbox"/> Other:	
<b>List any other skills that may pertain to your area of interest:</b>				
	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Planning Events	<input type="checkbox"/> Record Keeping/Accounting	
	<input type="checkbox"/> Musical	<input type="checkbox"/> Art Work	<input type="checkbox"/> Grant Writing	
	<input type="checkbox"/> Presentations	<input type="checkbox"/> Clerical	<input type="checkbox"/> Buildings/Maintenance	
	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Computer Work	
	<input type="checkbox"/> Other (please specify) _____			
<b>Are you at least 16 years old or older?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Do you require any special accommodations? If so, please specify:</b>				
<b>To your knowledge, do you have any relatives working for the City of Zephyrhills?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>If yes, state name of employee and relationship:</b>				
<b>Are you a current or former sworn law enforcement officer, other employee** or the spouse or child of one, who is exempt from public records disclosure under F.S., 119.07 (4)(1)? ** Other covered jobs include: code enforcement officers, HR Directors, Firefighters</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Have you ever volunteered or worked for the City of Zephyrhills?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>If yes, state year and department:</b>				
<b>Availability:</b>	<b>Can Start When:</b> _____			
	<b># of Hours per Day:</b> _____		<b># of Days per Week:</b> _____	
<b>Reason for wanting to volunteer:</b>				
<b>Please list any relevant volunteer or work experience:</b>				

Relevant volunteer or work experience (Continued):

Have you ever been convicted of a MISDEMEANOR or FELONY other than minor traffic violations and/or placed on probation, fined or given a suspended sentence in court? (Include any convictions by military trial and any criminal charges for which you are awaiting trial.)  Yes  No

List all cases other than minor traffic violations (driving under the influence, reckless or hit-and-run are not minor traffic violations).

Your fingerprints may, at some point, be sent to State and Federal agencies and will be subject to satisfactory review of any criminal convictions. PLEASE NOTE: A full disclosure by you is to your advantage, as your record does not constitute an automatic bar to service. Factors such as, but not limited to, age at time of offense(s) and date of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION.

**LIST THREE REFERENCES (Non-Relative)**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship/Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship/Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship/Years Known: \_\_\_\_\_

**VOLUNTEER POSITIONS WITH THE CITY OF ZEPHYRHILLS ARE NON-PAID. FURTHERMORE, VOLUNTEERING WITH THE CITY DOES NOT IMPLY THAT THERE MAY BE ANY POTENTIAL PART-TIME OR FULL TIME EMPLOYMENT OR BE CONSTRUED AS AN OFFER OF EMPLOYMENT AFTER COMPLETION OF VOLUNTEERING.**

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from service. I hereby authorize investigation of all statements I have made herein. I authorize the companies or persons named herein to give any information regarding my past employment, together with any information that they have regarding me, whether or not it is on their records. I hereby release said companies or persons, and the City of Zephyrhills from all liability for any damages whatsoever for issuing or obtaining this information. In the event I am selected for service by the City of Zephyrhills, I agree to comply with all its policies, rules and regulations.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

## PERSONAL INQUIRY WAIVER

Applicant's Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish to the City of Zephyrhills, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the City of Zephyrhills in determining my qualifications for the position I am seeking with the City of Zephyrhills.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this \_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification and who did/did not take an oath.

(SEAL)

\_\_\_\_\_  
Notary Public

**CITY OF ZEPHYRHILLS**

5335 8<sup>th</sup> Street  
Zephyrhills, Florida 33542  
(813) 780-0000

**ATTENTION – THIS STATEMENT MUST BE READ**

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration Act
- To report income pursuant to the Federal Department of Internal Revenue Service
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act
- For Drug Screening Test Identification
- To process your Employment Benefits

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date