

CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL 32727-0068

Website – www.eustis.org

E-Mail – personnel@ci.eustis.fl.us

Phone – 352-483-5472

FAX – 352-483-0492

VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: _____

PLEASE LIST THE TYPE OF WORK THAT INTERESTS YOU AND THE DEPARTMENT(S) WHERE YOU WISH TO VOLUNTEER

1.) _____ 3.) _____

2.) _____ 4.) _____

NAME: _____ Telephone #: _____

PRESENT ADDRESS: _____

Street/P.O. Box _____ City _____ State _____ Zip _____
How long have you lived at this address? _____ E-Mail Address: _____

Have you filed an application here before? _____ Yes _____ No If yes, when? _____

Have you ever worked for the City of Eustis? _____ Yes _____ No If yes, when? _____

Are you currently employed? _____ Yes _____ No May we contact you at work? _____ Yes _____ No

What number can we reach or leave a message for you during the day? Phone #: _____

Are you available: _____ Full Time _____ Part Time _____ Temporary

Are you able to volunteer nights and weekends? _____ Yes _____ No

Do you possess a valid Fla. Driver's License or I.D.? _____ Yes _____ No

Are you legally eligible for employment in the United States of America? _____ Yes _____ No

Have you ever been convicted, pled guilty or no contest to, had prosecution deferred or adjudication withheld on a felony or first degree misdemeanor in any jurisdiction? _____ Yes _____ No If yes, when: _____

Explain: _____
(Nature, severity and date of offense in relation to the position for which you are volunteering are considered.)

Do you have any criminal charges pending? _____ Yes _____ No If yes, explain: _____

Are you able, physically or otherwise, to perform the job functions of the position for which you are volunteering?
_____ Yes _____ No If no, please explain: _____

Please list maiden or other names under which you may have worked or gone to school: _____

Please list the names of friends or relatives working for the City and their relationship to you: _____

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD: Please list your four most recent employers including full, part time, temporary and volunteer positions, beginning with the most recent.

Name & Address of Organization:

From _____ to _____
Month/Year Month/Year

Job Title: _____

Describe the work you did: _____

Reason for leaving: _____

Name & Address of Organization:

From _____ to _____
Month/Year Month/Year

Job Title: _____

Describe the work you did: _____

Reason for leaving: _____

Name & Address of Organization:

From _____ to _____
Month/Year Month/Year

Job Title: _____

Describe the work you did: _____

Reason for leaving: _____

Name & Address of Organization:

From _____ to _____
Month/Year Month/Year

Job Title: _____

Describe the work you did: _____

Reason for leaving: _____

EDUCATION AND SPECIALIZED TRAINING:

Circle Highest Grade Completed

GRAMMAR AND HIGH SCHOOL:
 1 2 3 4 5 6 7 8 9 10 11 12 GED

COLLEGE:
 13 14 15 16

GRADUATE:
 17 18 19 20

Please provide your educational background including the diploma, degree or certification received, as well as any technical or specialized training:

Name of High School (s):	City and State:		
Name of College:	City and State:	Major:	Degree Received:
Name of Graduate School:	City and State:	Major:	Degree Received:
Other Trade, Technical, Etc:	City and State	Major:	Degree Received:
Foreign Language Skills:	<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak		

OTHER PROFESSIONAL MEMBERSHIPS OR SKILLS:

Please list any special qualifications not covered elsewhere in this application including computer skills, such as Word & Excel; typing, including words per minute typed; and any professional or civic memberships.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____

REFERENCES:

Please list at least three (3) references who are not related to you. (Please provide complete addresses including Street, City, State and Zip.)

Name	Phone #	Name	Phone #
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Employer	Phone #	Employer	Phone #
Occupation		Occupation	
Name	Phone #	Name	Phone #
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Employer	Phone #	Employer	Phone #
Occupation		Occupation	

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work? _____

CERTIFICATE OF APPLICANT:

I certify that the answers given on this application are true and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I realize that misrepresentation of facts or the failure to update any information relating to questions on the application may be cause for rejection of this application or dismissal from volunteer/community services.

I authorize the City of Eustis to make any inquiries it desires concerning me. I authorize schools, references and my prior employers to provide my records, reason for leaving and all other information they may have concerning me to the City of Eustis. I release the City of Eustis and all other parties from any and all liabilities or claims for any damage that may result therefrom.

I understand that this application is not and is not intended to be a contract for employment.

SIGNATURE OF APPLICANT: _____ **Date:** _____

CONSENT OF PARENT OR LEGAL GUARDIAN

(All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section)

I the undersigned, the parent or legal guardian of _____, choose to permit _____ to participate as a volunteer for the City of Eustis. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration and I agree to the terms and conditions as stated above.

I further authorize the City to perform a fingerprint criminal history background check through state and federal law enforcement agencies and/or criminal history checks through consumer reporting agencies, who may also provide information to the City on out-of-state or nation-wide criminal histories. I understand that final approval to volunteer is contingent upon the results of the criminal history check.

Signature of Parent or Legal Guardian: _____ Date: _____