

# CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL 32727-0068

Website – [www.eustis.org](http://www.eustis.org)

E-Mail – [personnel@ci.eustis.fl.us](mailto: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: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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.) _____ | 3.) _____ |
| 2.) _____ | 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: \_\_\_\_\_