

VolunteerLAKE

VOLUNTEER APPLICATION

Mailing Address: Lake County BOCC, Community Services, PO Box 7800, Tavares, FL 32778-7800
Physical Address: 1300 S. Duncan Dr. (SR 19 South) Bldg B, Tavares
Phone number: (352) 742-6590 Fax number: (352) 742-6588 Email: hosborne@lakecountyfl.gov
Website: <http://www.lakecountyfl.gov>
Want to volunteer? You can sign up at: <http://www.1-800-volunteer.org>

An Equal Opportunity Employer and a Drug-Free Workplace
APPLICATION MUST BE COMPLETED IN BLACK, OR BLUE INK
PERSONS NEEDING ACCOMMODATIONS IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT
PLEASE NOTIFY VolunteerLAKE

1. Name _____
(Last) (First) (Middle)

Other names known by _____
(Last) (First) (Middle)

_____ (Last) (First) (Middle)

2. Current Address _____
(Street Name & Number) (Apt. Number) (e-mail address)

_____ (City) (County) (State) (Zip)

3. Mailing address _____
(if different from above)

4. Phone include Area Code & Number _____
HOME CELL WORK

5. Previous Residence _____
(Street Name & Number) (Apt. Number)

_____ (City) (County) (State) (Zip)

6. Previous Residence _____
(Street Name & Number) (Apt. Number)

_____ (City) (County) (State) (Zip)

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

The Employee Services Office staff or other designated County staff is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for volunteer service, including, but not limited to, military service, education and employment history.

A false answer to any question(s) in this application may be grounds for non-selection or for termination after I begin volunteer service work. All statements are subject to investigation, including a check of my training and experience statement. All information I give will be considered in reviewing my application. My application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation, material omission or falsification of facts shall cause forfeiture of all rights to volunteer service with Lake County Government. I understand that all information on this application is subject to verification and I consent to criminal and credit history background checks; and references, former employers and education institutions listed being contacted regarding this application.

If accepted for volunteer service I agree to abide by and comply with all rules, regulations, policies and practices of Lake County Government. I understand that my volunteer service with the County is at-will, that I have the right to terminate my volunteer service at any time with or without cause, and that the County has the same right. I understand that as a volunteer, I have no job status and no right to employment. I understand that no representative of this employer has any authority to enter into any agreement with me contrary to the policies and practices of Lake County Government.

DATE SIGNED

APPLICANT'S / VOLUNTEER'S SIGNATURE IN INK

DATE SIGNED

IF UNDER EIGHTEEN (18) YEARS OF AGE, GUARDIAN MUST SIGN EVERYWHERE THE MINOR SIGNS

WORK HISTORY - YOU ARE REQUIRED TO BE SPECIFIC. YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. Volunteer Service is to be included. Please account for all periods of time during the last two years. If additional space is needed, state the information in item # 17.

7. Present Employer / Volunteer Organization:

From: _____
Month, Day & Year

To: _____
Month, Day & Year

- Full Time Part Time
 Paid position Unpaid position

Number of hours worked per week: _____

Business Address: _____

City, State & Zip Code _____

Phone No. _____ Number You Supervise: _____

Your Job Title: _____

May we contact employer? Yes No, explain in item #17.

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

MISCELLANEOUS

Answer the following questions by circling "Y" (yes) or "N" (no). It is imperative that you provide detailed information when requested, i.e., dates, types, etc., in the space provided under Item #17 of this application.

8.	Are you able to perform the essential functions of the position with or without reasonable accommodations? If no, please explain in item # 17	Y	N
9.	Have you ever been convicted of or plead guilty or no contest to any criminal violation of law, (including traffic offenses)? If yes, explain in Item #17 (A conviction does not automatically mean you cannot be hired. Provide all the facts.)	Y	N
10.	Have you ever been discharged for any reason from any job? If yes, explain in Item #17	Y	N
11.	Have you ever been employed by Lake County Government? If yes, indicate in Item #17 date(s) of employment. Department(s)/Division(s), position(s) and reason for leaving.	Y	N
12.	Are any members of your family or relatives (by blood or marriage) employed by Lake County Government? *If yes, indicate in Item #17 their name(s), Department(s)/Division(s), and relationship.	Y	N

13. Type of Volunteer Service Sought (check all that apply)

- FULL TIME PART TIME Hours Available _____
 Dates Available for work/service _____

If a volunteer job requirement, will you work:

Will you travel: Yes No

- Saturday Sunday Holidays Nights Various Shifts Other _____

14. Specific Skills: In the spaces below, list the equipment with which you have had experience or any special skills you might have.

COMPUTER SOFTWARE	YRS.	MOS	COMPUTER SOFTWARE	YRS.	MOS
A.			C.		
B.			D.		

15. List active licenses, certificates and/or registrations, the registration number(s) and expiration date(s)

16. Foreign Languages :

VolunteerLAKE
LAKE COUNTY GOVERNMENT
BOARD OF COUNTY COMMISSIONERS
(An Equal Opportunity Employer and Affirmative Action Employer)
EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND RESEARCH

PRINT NAME _____ S.S.#: _____

SEX Male Female DATE OF BIRTH: _____

ETHNIC GROUP:

- | | |
|---|--|
| <input type="checkbox"/> African/American (B) | <input type="checkbox"/> American Indian or Alaskan Native and White (AI/AN&W) |
| <input type="checkbox"/> Caucasian (W) | <input type="checkbox"/> American Indian or Alaskan Native and Black (AI/AN&B) |
| <input type="checkbox"/> Hispanic (H) | <input type="checkbox"/> Asian or Pacific Islander and White (AS&W) |
| <input type="checkbox"/> Asian or Pacific Islander (AS) | <input type="checkbox"/> 2+ Races Non-Hispanic (2+NH) |
| <input type="checkbox"/> American Indian or Alaskan Native (AI/AN) | |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (NH/PI) | |
| <input type="checkbox"/> Black and White (B&W) | |

MARITAL STATUS:

- Married Single

MILITARY SERVICE:

Have you ever been a member of the United States Armed Services?

- Yes No

MISCELLANEOUS:

A. Identify any reasonable accommodations that would be needed to perform the essential functions of the position:

B. Please indicate what foreign language(s) in which you have a conversational ability:

NOTE: The information requested on this form; regarding race, color, sex, age, national origin, veteran status, qualifying disability and reasonable accommodation, is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. Your participation is voluntary and important to the success of our equal employment opportunity and affirmative action programs.

This information is needed and used in the background check process.

As part of any conditional offer, your driving record will be considered for positions that **require** driving. A transcript of your driving record will be obtained from the Florida Department of Motor Vehicles.

Driver License Number: _____ State: _____ Expiration Date: _____

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT.

Signature

Date