

Volunteer Services Application

Lake County Board of County Commissioners



Instructions:

- Application may be completed via the computer using fillable areas, or may be printed out and completed with black or blue ink.
- All parts of the application need to be completed.
- Application must be signed and dated on the last page.
- Application may be returned to Volunteer Services by one of the following methods:
 - E-Mail – Scan and mail the document to: jnelson@lakecountyfl.gov
 - Fax - 352.343.9883
 - U.S. Mail - LCBCC, Department of Employee Services, PO Box 7800, Tavares, FL 32778
 - Hand delivery - Employee Services, 315 W. Main St. #430, Tavares, FL 32778.
- Should you have questions, please contact 352.343.9596.

LCBCC is an equal opportunity employer and a drug-free workplace. Persons needing accommodations in accordance with the Americans with Disabilities Act please notify the LCBCC Volunteer Program.

Volunteer Position Applied For:	Today's Date:	
1. Print Name:		
_____	_____	_____
Last	First	Middle
Other Names by:		
_____	_____	_____
Last	First	Middle
_____	_____	_____
Last	First	Middle
2. E-mail Address:		

3. Social Security Number:		

4. Current Address:		
_____	_____	
Number & Street Name	Apartment Number	
_____	_____	_____
City	County	State
_____	_____	_____
City	County	State
5. Mailing Address:		
(If different from above)		
_____	_____	
Number & Street Name	Apartment Number	
_____	_____	_____
City	County	State
_____	_____	_____
City	County	State
6. Personal Phone:		
_____	Business / Cell Phone:	_____
Area Code and Number	Area Code and Number	
7. Previous Residence:		
_____	_____	
Number & Street Name	Apartment Number	
_____	_____	_____
City	County	State
_____	_____	_____
City	County	State
8. Other States:		
Have you lived outside the state of Florida in the last ten years?		_____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If so, what state?

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

FULL TIME PART TIME HOURS AVAILABLE _____

If a volunteer job requirement, you will work:

Saturday Sunday Holidays
 Nights Various Shifts Other

Will you travel: Yes No

Date available for service: _____

10. Specific Skills (in the spaces below, please list the equipment with which you have had experience or any special skills you might have):

Computer Software	Years	Months	Other Equipment (please describe)	Years	Months

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

12. List any organization(s) to which you belong which you consider relevant to your ability to perform the service:

13. List any foreign languages that you speak:

WORK HISTORY (REQUIRED). Include work history for the last two years, including any unpaid work experience and volunteer jobs.

14. Employer/Volunteer Organization: _____ From: ____ - ____ Full Time Part Time

Business Name: _____

Business Address: _____ Number of hours worked per week: ____
City, State & Zip Code

Phone No: _____ May we contact employer? Yes No

Your Job Title: _____

15. Employer/Volunteer Organization: _____ From: ____ - ____ Full Time Part Time

Business Name: _____

Business Address: _____ Number of hours worked per week: ____
City, State & Zip Code

Phone No: _____ May we contact employer? Yes No

Your Job Title: _____

16. Employer/Volunteer Organization: _____ From: ____ - ____ Full Time Part Time

Business Name: _____

Business Address: _____ Number of hours worked per week: ____
City, State & Zip Code

Phone No: _____ May we contact employer? Yes No

Your Job Title: _____

17. Employer/Volunteer Organization: _____ From: ____ - ____ Full Time Part Time

Business Name: _____

Business Address: _____ Number of hours worked per week: ____
 City, State & Zip Code

Phone No: _____ May we contact employer? Yes No Your Job Title: _____

MISCELLANEOUS Answer the following questions by checking "Yes" or "No." It is imperative that you provide detailed information when requested, e.g., dates, types, etc., in Item 24.

18.	Have you ever been convicted, plead guilty or no contest (Nolo Contender) to any criminal violation of law, including criminal traffic offenses? (A conviction does not automatically mean you cannot be hired. Provide all the facts.) If yes, explain in Item 24.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Have you ever been discharged for any reason from any job? If yes, explain in Item 24.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Have you ever been employed by Lake County Government? If yes, indicate in Item 24, date(s) of employment. Department(s)/Division(s), position(s) and reason for leaving.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Are any members of your family or relatives (by blood or marriage) employed by Lake County Government? If yes, indicate in Item 24 their name(s), Department(s)/Division(s), and relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Do you possess a current, VALID* Florida driver license? If no, explain in Item 24. (* VALID: Issued license has not expired nor has been revoked or suspended within the past five (5) years.) (Suspensions for non-moving violations will be considered on a case-by-case basis.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Are you able to perform the essential functions of the position with or without reasonable accommodations? If no, explain in Item 25.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	If continuation of an answer, or additional comments, indicate item number to which answer(s) apply.		

25. NOTE: The information requested in this section of the application 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.

SEX Male Female **DATE OF BIRTH** _____

MARITAL STATUS
 Married Single

MILITARY SERVICE
 Have you ever been a member of the United States Armed Services?
 Yes No

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

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
<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)	

READ THIS SECTION CAREFULLY BEFORE SIGNING THE APPLICATION FORM

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

Driver License or State I.D. Number: _____ State: _____ Expiration Date: _____

My signature below attests that I am desirous of volunteering my services for the good of Lake County by assisting and rendering services to the Lake County Board of County Commissioners, located at PO Box 7800, Tavares, Florida, 32778, and,

WHEREAS, Lake County, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, is desirous of receiving volunteer services from concerned citizens.

NOW THEREFORE, in the interest of performing these services, I fully understand and agree to the following described terms and conditions:

1. All of the services and assistance, which I may render, are strictly and entirely on a volunteer basis. I understand 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. Consequently, the COUNTY is neither responsible nor liable for the payment of any monetary remuneration to me for the performance of those services. I further understand and agree that I will not receive nor will the COUNTY provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, social security or retirement benefits.
2. I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.
3. Workers Compensation Procedures: I have received and understand the Workers Compensation Procedures (attached) and will comply.
4. Effective Date.
This letter, together with its terms and conditions, shall become effective on the _____ day of _____ 200__ and shall continue in full force and effect until said services have ended and no future services are contemplated.

By my signature below, I hereby attest that I have read and fully understand the foregoing terms and conditions, that I am of sound mind, and that I have reached at least my eighteenth (18) birthday preceding the execution of this Letter of Understanding or if under eighteen (18) my parent/guardian has approved my volunteer service as evidenced by their signature below.

VOLUNTEER: _____
Print Name Signature

If under eighteen (18) years of age a parent/guardian's signature must appear below.

Print Name of Parent/Guardian Parent/Guardian's signature

27. Please indicate where you first learned of this opening:

- | | |
|---|--|
| <input type="checkbox"/> Lake County internet website: www.lakecountyfl.gov | <input type="checkbox"/> Friend |
| <input type="checkbox"/> The job book in the Department of Employee Services | <input type="checkbox"/> County Employee |
| <input type="checkbox"/> Other newspaper or magazine, please provide name _____ | |
| <input type="checkbox"/> Other _____ | |

EMERGENCY CONTACT INFORMATION

Please provide Emergency Contact information below:

NAME: _____	
ADDRESS: _____	
CITY : _____	STATE: _____
ZIPCODE: _____	
PHONE NUMBER 1: _____	PHONE NUMBER 2: _____