

Polk County Volunteer Services

A program of the Polk County Board of County Commissioners
Drawer CA03 * P. O. Box 9005 * Bartow, FL 33831-9005
(863) 534-6089

Junior Volunteer Application

Polk County Volunteer Services welcomes volunteers of all ethnic backgrounds and varied skills, **ages 14-15** to apply to participate in our **Junior Volunteer Program**. Placements for the Junior Volunteer program may be restricted to certain County assignments or programs, based on the authorization of the County's Volunteer Coordinator and the Personnel Director. Volunteer applicants are evaluated on the merits of their qualifications and are subject to reference checks, and if accepted, the possibility of random drug screenings. Please mail the completed application to the address listed above.

NAME:

Last *First* *Middle*

ADDRESS:

Mailing Address *Apartment/Lot#*

City *State* *Zip Code*

PHONE:

Home *Cell or Message Phone*

E-Mail

Address: _____

School Information:

Name of School (currently or last attended)

Are you older than 13 and younger than 16? *(Check answer) Yes or No*

School Area Code /Phone #: () _____

Grade *(Currently or last completed)*: _____

Below, list the name of the school and the Community Service Coordinator that your Volunteer Service should be reported to (if the school is the same listed on the previous page, you may simply print "same" in school section):

School: _____

Coordinator: _____

References:

List three references who have known you for at least one school year or longer and are **not related to you in any way**. Please **list phone numbers** where these individuals may be reached **during traditional work day hours**.

It is suggested that at least two of these references should be people who have supervised you or are witness to your work abilities, such as: Youth Pastors, Teachers, Coaches, Club Advisors, Families you have babysat or did yard work for, etc.

NAME: _____ DAY PHONE: ()

HOW ACQUAINTED? _____ HOW LONG KNOWN? _____

NAME: _____ DAY PHONE: () _____

HOW ACQUAINTED? _____ HOW LONG KNOWN? _____

NAME: _____ DAY PHONE: () _____

HOW ACQUAINTED? _____ HOW LONG KNOWN? _____

Assignment Interests:

Reading through the Volunteer Opportunity Listings - choose one or more of the assignment(s) of your interests that specify "for volunteers age 14 or older" and fill in the sentence below.

I am interested in volunteering to help

Talents/Hobbies:

How did you hear about our Junior Volunteer program?

- | | | | |
|------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> School | <input type="checkbox"/> Friend | <input type="checkbox"/> Exhibit Booth |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Brochure | <input type="checkbox"/> Employee | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> newspaper | <input type="checkbox"/> radio | <input type="checkbox"/> Public Library | |
| | <input type="checkbox"/> Other _____ | | |

In the event of an Emergency Contact:

Name: _____

Home Phone#: () _____

Work Phone #: () _____

Cell Phone #: () _____

Relationship:

Agreement:

If accepted as a Junior Volunteer I understand that I am expected to fulfill my responsibilities as described in my assignment description. I also understand that I will be working with staff professionals and will be expected to be a contributing member of the work unit and to conduct myself in a courteous and professional manner. I also understand that due to insurance requirements, my duties as a Junior Volunteer may be limited to certain aspects of assignment.

Applicant's Signature

Date

As the parent or guardian of the undersigned applicant, I give my permission for he/she to volunteer.

Parent/Guardian's Signature

Date

Rev. 03/01/01