

POLK COUNTY VOLUNTEER SERVICES

A program of the Polk County Board of County Commissioners
Drawer CA03 1 P.O. Box 9005 1 Bartow, FL 33831-9005
Phone (863) 534-6089 Web Site: www.polk-county.net

VOLUNTEER APPLICATION FORM

Polk County Volunteer Services welcomes volunteers of all ethnic backgrounds and varied skills (ages sixteen or older - Fire and Emergency Medical Services volunteers must be 18 or older). Volunteer applicants are evaluated on the merits of their qualifications and are subject to background/drivers license 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 Number

City State Zip Code

PHONE: _____
Home Work Cell

E-MAIL: _____
Print very clearly

If you don't have e-mail, but would like to receive calls regarding special events/projects needing volunteers, check here: _____

EMPLOYER: _____

NEW VOLUNTEER _____ RETURNING VOLUNTEER _____ (last served: _____)

In case of Emergency Contact:
Name: _____ Relationship: _____ Phone #: _____

If the volunteer is under age 18, the parent/guardian must sign below to acknowledge their consent to volunteer in this program.

Signature Relationship Age of Minor

LAST NAME:

FIRST NAME:

DATE:

BACKGROUND CHECK

List three personal character references who have known you for at least one year or longer and are NOT related to you by blood or marriage. Please list phone numbers where these individuals may be reached DURING the day (if they work, you may provide their business number or cell phone number).

NAME: _____ DAY PHONE: () _____
HOW ACQUAINTED? _____ HOW LONG KNOWN? _____

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HOW ACQUAINTED? _____ HOW LONG KNOWN? _____

List any name, other than your name as it appears on this application that others may know you as:

DRIVERS LICENSE #: _____

ISSUED BY WHAT STATE?: _____ EXPIRES: _____

*** Volunteers who drive on behalf of the County must be age 18 or older, possess a Florida Driver's license and comply with County driving requirements. A copy of these requirements is available upon request.*

Have you ever been convicted or ever had adjudication withheld in a criminal offense, or are there any criminal charges now pending against you?

No Yes (If yes, complete a listing of all convictions against you in a court of law -other than parking). You may omit any offense committed prior to your 18th birthday that was finally adjudicated in juvenile court or under a youth offender law.

Date Place of Occurrence Charge/Violations Action Remarks

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EDUCATION

HIGHEST GRADE COMPLETED: _____ SCHOOL: _____

Major Minor

OTHER TRAINING: _____

CURRENT LICENSES/CERTIFICATIONS: _____

MILITARY SERVICE

MILITARY SERVICE: _____

Branch _____ Number of Years of Service _____

Acquired Skills _____ Last Year of Service _____

EMPLOYMENT BACKGROUND

PRESENT EMPLOYER: _____

Position _____ Typical Work Days/Hours _____ Phone _____

IF RETIRED OR FORMERLY EMPLOYED:

List two employment positions that you have held that you enjoyed the most. In the last column, answer Y – yes or N-no if you would like to do something similar as a volunteer, provided such a match is possible.

Position _____ Company _____ # of Years _____ Y/N _____

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Preferred Working Environments:

Alone Outdoors With Lots of Freedom
 With Others Indoors In a Quiet Setting

Preferred Programs:

Children Adults Elderly Animals
 Teenagers General Public Other: _____

Most assignments are in Bartow (County Seat). If available, what other geographical areas of the County would be of interest to you? _____

Referring to our “**Volunteer Opportunity Bulletin**” or our listings on our web site at www.polk-county.net, list the title of your first three choices of assignments, in order of preference.

Example: Office Assistant Animal Services
Assignment Title Agency – appears in gray box closest to assignment

1. _____
Assignment Title Agency
2. _____
Assignment Title Agency
3. _____
Assignment Title Agency

How did you hear about “Polk County Volunteer Services”?

Newspaper Flyer Presentation Exhibit Booth
 Radio Internet Agency Referral TV
 Volunteer School County Employee OTHER: _____

AVAILABILITY: (Circle your choice of days and times)

What day(s) are you available to volunteer? M T W TH F SAT

What time of day are you available? Mornings Afternoons Evenings

(Volunteers work a minimum of three hours/visit)

If you are a Seasonal Volunteer, list the months you are available: _____

VOLUNTEER INTERESTS

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What would you like to gain from your volunteer experience?

- Personal Satisfaction Improve the quality of life for someone
 Employment Preparation Meet requirements for: _____
 Meet Others Other: _____

Other agencies for which you have volunteered:

Agency	City/State	Position	Dates
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Agency	City/State	Position	Dates
--------	------------	----------	-------

Talents/Hobbies:

- | | | | | |
|------------------------------------|----------------------------------|-------------------------------------|--------------------------------------|--|
| Acting <input type="checkbox"/> | Cooking <input type="checkbox"/> | Fishing <input type="checkbox"/> | Pets <input type="checkbox"/> | Sports <input type="checkbox"/> |
| Antiques <input type="checkbox"/> | Crafts <input type="checkbox"/> | Gardening <input type="checkbox"/> | Photography <input type="checkbox"/> | Ventriloquism <input type="checkbox"/> |
| Carpentry <input type="checkbox"/> | Dancing <input type="checkbox"/> | History <input type="checkbox"/> | Sewing <input type="checkbox"/> | Writing <input type="checkbox"/> |
| Computers <input type="checkbox"/> | Drawing <input type="checkbox"/> | Instrument <input type="checkbox"/> | Singing <input type="checkbox"/> | |
| Other: _____ | Magic <input type="checkbox"/> | Speaking <input type="checkbox"/> | | |

Office Skills:

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| Bookkeeping <input type="checkbox"/> | Copying/Filing <input type="checkbox"/> | Internet <input type="checkbox"/> | Switchboard <input type="checkbox"/> |
| Calculator <input type="checkbox"/> | Fax <input type="checkbox"/> | Stuff Packets <input type="checkbox"/> | Typing <input type="checkbox"/> |
| Computer Software: _____ | | | |

Languages: Spanish French German Sign Language

Skills I would like to learn: _____

SKILLS

I have read and understand this application and certify that all statements provided on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that misrepresentation of facts shall be a considered basis for rejection of my application or discharge if accepted. My signature authorizes my permission for listed references to release any information regarding my character, volunteer or employment experiences.

Signature of Applicant _____ Date: _____