

# 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](http://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? \_\_\_\_\_

NAME: \_\_\_\_\_ DAY PHONE: ( ) \_\_\_\_\_  
HOW ACQUAINTED? \_\_\_\_\_ HOW LONG KNOWN? \_\_\_\_\_

NAME: \_\_\_\_\_ DAY PHONE: ( ) \_\_\_\_\_  
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 18<sup>th</sup> 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*

\_\_\_\_\_  
*Position* *Company* *# of Years* *Y/N*

**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](http://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 <input type="checkbox"/>	Flyer <input type="checkbox"/>	Presentation <input type="checkbox"/>	Exhibit Booth <input type="checkbox"/>
Radio <input type="checkbox"/>	Internet <input type="checkbox"/>	Agency Referral <input type="checkbox"/>	TV <input type="checkbox"/>
Volunteer <input type="checkbox"/>	School <input type="checkbox"/>	County Employee <input type="checkbox"/>	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**

VOLUNTEER INTERESTS

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:

\_\_\_\_\_

<i>Agency</i>	<i>City/State</i>	<i>Position</i>	<i>Dates</i>
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\_\_\_\_\_

<i>Agency</i>	<i>City/State</i>	<i>Position</i>	<i>Dates</i>
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**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: \_\_\_\_\_