

VOLUNTEER PROGRAM APPLICATION



Name: _____ Date: _____
Last First Middle

Address: _____

Social Security Number: _____ - _____ - _____ Phone: _____

Date of Birth: ____/____/____ D/L Number: _____

Volunteer Position Desired: _____

Please list relevant experience, skills, training, etc. which qualifies you for the position(s) indicated above:

Availability: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

How did you hear about this volunteer program?

Have you volunteered for the City of Palm Beach Gardens before? Yes _____ No _____ If so, what department and when.

Have you used any illegal drugs in the past 5 years? Yes _____ No _____

Have you ever been arrested? Yes _____ No _____ If yes, describe in full: _____

Please list three references:

Name Address Phone

Name Address Phone

Name Address Phone

In case of emergency, person to contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

I have received the outline statement of duties and the information above is true and complete. I understand this is not a contract of employment. I also understand that statements found to be false shall result in disqualification or discharge. I understand that a criminal history and background check is conducted on all volunteer applicants.

Signature of prospective volunteer

Date

RETURN COMPLETED FORM TO LIEUTENANT REID – TELEPHONE # 799.4309