

I would like to volunteer: _____ in the library _____ in the bookstore

I am a _____ seasonal _____ year-round resident

Charlotte County Board of County Commissioners Volunteer Application Form

All fields are required to be filled out accurately prior to becoming a Charlotte County volunteer.

Incomplete applications will not be processed.

Please Print

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone: _____

E-mail Address: _____

Name of person to contact in case of an emergency:

Last Name: _____ First Name: _____

Relationship: _____

Telephone Numbers to call: Day: _____ Evening: _____

Information about your education: (Please fill in based on your current level of education.)

I have completed: _____ High School _____ Some College _____ College

If you lived outside of Florida in the last five years, where? _____

Have you ever been convicted of a crime? Yes No

If "Yes", please explain: _____

Driver's License or I.D. No. _____ State: _____

DL Endorsement(s): _____ Date Expires: _____

Information about your volunteer interests:

Describe why are you interested in volunteering with Charlotte County (add pages if needed).

Information about your interests/skills/experience and availability:

Please list your current and/or previous volunteer roles with location (if any):

**Charlotte County Board of County Commissioners
Volunteer Application Form – Page 2 of 2**

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

Afternoons: Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

Evenings: Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

How many hours per week/day are you willing to volunteer? _____

References:

Print the names, mailing addresses, and phone number of three people we may contact (excluding relatives and roommates) who have known you for more than two years. Local references preferred.

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Volunteer Privacy Information and Release Authorization

Please read the following carefully:

Application information

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References

I understand that Charlotte County requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

Background investigation

I understand that, in consideration of my application, a background investigation may be conducted. I understand this investigation will include, but is not limited to, a criminal background check in the files of any federal, State or local justice agency, performance of medical examinations, drug screening or reference verification. I understand that I have a continuing obligation to disclose any charges and convictions during my volunteer service.

I authorize Charlotte County to conduct the background investigation and release Charlotte County from responsibility for the investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer service with Charlotte County Government.

I have read and understand the above and by my signature consent to these statements.

Applicant Signature: _____ Date: _____

**CONFIRMATION FOR REQUESTED
SOCIAL SECURITY and/or DATE OF BIRTH
DOCUMENTATION**

I, _____, understand that as a condition of my volunteering I must provide my Social Security Number and **Date of Birth**.

Community Services will use my Social Security number for the legal purpose of a criminal Background screen if the position for which I applied requires one.

I understand that until I provide my Social Security Card number and/or Date of Birth to Community Services my application will be considered incomplete, and I will not be eligible to volunteer.

Documentation Needed:

Date of Birth _____

and

Social Security Card _____

I concur with the terms as outlined:

Print Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

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Date received by volunteer coordinator: _____

Date scanned & submitted for background check: _____

Date potential volunteer was contacted : _____

Start date: _____

Additional Information:
