

POLK COUNTY VOLUNTEER SERVICES
A program of the Polk County Board of County Commissioners
Drawer CA03 * P. O. Box 9005 * Bartow, FL 33831-9005
Phone: (941) 534-6030



VOLUNTEER APPLICATION FORM

Polk County Volunteer Services welcomes volunteers of all ethnic backgrounds and varied skills (ages sixteen or older - age 18 & older for Fire and Emergency Medical Services). 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

EMPLOYER: _____

NEW VOLUNTEER ___ RETURNING VOLUNTEER ___ LAST SERVED _____

In Case of Emergency Contact:

Name _____ Phone #: _____

If the volunteer is under age 18, the parent/guardian must sign below to acknowledge their consent to volunteer participating 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 traditional work day hours.

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:

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____

ISSUED BY WHAT STATE?: _____ EXPIRES: _____

Have you even 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 which was finally adjudicated in juvenile court or under a youth offender law.

<i>Date</i>	<i>Place of Occurence</i>	<i>Charge/Violations</i>	<i>Action</i>	<i>Remarks</i>

EDUCATION

HIGHEST GRADE COMPLETED: _____ SCHOOL: _____

City/State _____ *Degree* _____ *Year Graduated* _____

Major _____ *Minor* _____

OTHER TRAINING: _____

CURRENT LICENSES/CERTIFICATIONS: _____

MILITARY SERVICE: _____

Branch _____ *Number of Years of Service* _____

Acquired Skills _____ *Last Year of Service* _____

MILITARY SERVICE

PRESENT EMPLOYER : _____

Position _____ *Typical Work Days/Hours* _____ *Phone* _____

IF RETIRED OR FORMERLY EMPLOYED:

List two employment positions which 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* _____

EMPLOYMENT BACKGROUND

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? _____

Indicate choices in order (1,2,3,4,etc.) I might enjoy an assignment as a (an).....

<input type="checkbox"/> Accounting Clerk	<input type="checkbox"/> Hurricane Prep Volunteer	<input type="checkbox"/> Photographer
<input type="checkbox"/> Adult Day Care Volunteer	<input type="checkbox"/> Information Ambassador	<input type="checkbox"/> Records Specialist
<input type="checkbox"/> Craft Assistant/Teacher	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Recreation Aide
<input type="checkbox"/> Drafter	<input type="checkbox"/> In-Home Volunteer	<input type="checkbox"/> Recycling Mascot
<input type="checkbox"/> Engineer	<input type="checkbox"/> Kennel Guide	<input type="checkbox"/> USDA Food Distb
<input type="checkbox"/> EMS Auxiliary Member	<input type="checkbox"/> Librarian/Assistant	<input type="checkbox"/> Visitor's Center
<input type="checkbox"/> Fellowship Dining (Group)	<input type="checkbox"/> Meal Deliverer	<input type="checkbox"/> OTHER:
<input type="checkbox"/> Firefighter	<input type="checkbox"/> Museum Volunteer	_____
<input type="checkbox"/> Gardener	<input type="checkbox"/> Newsletter Publisher	_____
<input type="checkbox"/> Grant Writer	<input type="checkbox"/> Packet Stuffer	_____
<input type="checkbox"/> Groomer/Pets	<input type="checkbox"/> Office Assistant	_____

How did you hear about "Polk County Volunteer Services"?

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

VOLUNTEER INTERESTS

AVAILABILITY: (Please circle the days and time of day that you wish to volunteer)

Days: Sun Mon Tues Wed Thurs Fri Sat
 Times: 8 9 10 11 12 1 2 3 4 5

(Volunteers work minimum of 3 hours/visit)

Seasonal Volunteers list available months:

What would like to gain from your volunteer experience?

- | | |
|---|--|
| <input type="checkbox"/> Personal Satisfaction | <input type="checkbox"/> Improve the quality of life for someone |
| <input type="checkbox"/> Meet requirements for W.A.G.E.S. | <input type="checkbox"/> Employment Preparation |
| <input type="checkbox"/> Meet school requirement | <input type="checkbox"/> Help extend community services |
| <input type="checkbox"/> Other: _____ | |

Other agencies whom you have volunteered:

Agency	City/State	Position	Dates

VOLUNTEER INTERESTS

Talents/Hobbies

- | | | | | |
|---------------------------------------|-------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Crafts | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Gardening | <input type="checkbox"/> Computer | <input type="checkbox"/> Sewing | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Farming | <input type="checkbox"/> Acting | <input type="checkbox"/> Singing | <input type="checkbox"/> Dancing | <input type="checkbox"/> Magic |
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Instrument | <input type="checkbox"/> History | <input type="checkbox"/> Writing | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Other: _____ | | | | |

Office Skills:

- | | | | | |
|---|--|------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Copying/Filing | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Fax | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Typing (____ WPM) | <input type="checkbox"/> Stuff Packets | | | |
| <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 considered basis for rejection of my application or discharge if accepted. My signature authorizes my listed references permission to release any information regarding my character, volunteer, or employment experiences.

Signature of Applicant _____ Date: _____