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
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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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:

__________________________________________________________

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Place of Occurrence</th>
<th>Charge/Violations</th>
<th>Action</th>
<th>Remarks</th>
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HIGHEST GRADE COMPLETED: _____________ SCHOOL: __________________________

City/State Degree Year Graduated

Major Minor

OTHER TRAINING: __________________________________________________________

CURRENT LICENSES/CERTIFICATIONS:

______________________________________________________

______________________________________________________

______________________________________________________
MILITARY SERVICE:

<table>
<thead>
<tr>
<th>Branch</th>
<th>Number of Years of Service</th>
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<tr>
<th>Acquired Skills</th>
<th>Last Year of Service</th>
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PRESENT EMPLOYER:

<table>
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<tr>
<th>Position</th>
<th>Typical Work Days/Hours</th>
<th>Phone</th>
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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.

<table>
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<tr>
<th>Position</th>
<th>Company</th>
<th># of Years</th>
<th>Y/N</th>
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Preferred Working Environments:

- Alone
- With others
- Outdoors
- Indoors
- With lots of freedom
- In a quiet setting

Preferred Programs:

- Children
- Teens
- Adults
- General Public
- Elderly
- Animals
- 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).......

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

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

- Newspaper
- Radio
- Volunteer
- Flyer
- TV
- Presentation
- Agency Referral
- Exhibit Booth
- County Employee
- OTHER:
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?
___ Personal Satisfaction  ___ Improve the quality of life for someone
___ Meet requirements for W.A.G.E.S.  ___ Employment Preparation
___ Meet school requirement  ___ Help extend community services
___ Other: ___________________________

Other agencies whom you have volunteered:

<table>
<thead>
<tr>
<th>Agency</th>
<th>City/State</th>
<th>Position</th>
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Talents/Hobbies
___ Carpentry  ___ Drawing  ___ Cooking  ___ Crafts  ___ Pet Care
___ Photography  ___ Gardening  ___ Computer  ___ Sewing  ___ Sports
___ Farming  ___ Acting  ___ Singing  ___ Dancing  ___ Magic
___ Antiques  ___ Instrument  ___ History  ___ Writing  ___ Speaking
___ Other: ___________________________

Skills

Office Skills:
___ Copying/Filing  ___ Bookkeeping  ___ Fax  ___ Switchboard  ___ Calculator
___ Typing (___ WPM)  ___ Stuff Packets  ___ Computer Software:

Languages:  ___ Spanish  ___ French  ___ German  ___ Sign Language

Skills I would like to learn: ___________________________

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: ___________________________