



CITY OF PLANTATION, FLORIDA
 Human Resources Department
 400 NW 73rd Avenue, Plantation, Florida 33317
 Telephone (954) 797-2240
 Website: www.plantation.org

VOLUNTEER

Please note: Should you wish to do so, you may attach addendum to your application (i.e. resume, certification, or license) at the end of the application form.

The City of Plantation collects your Social Security Number for the following purposes: Classification of Accounts, Identification and Verification, Credit Worthiness, Billing and Payments, Data Collection, Reconciliation, Tracking, Benefit Processing, Tax Reporting, and to initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations and credit reporting agencies in compliance with the Fair Credit Reporting Act; and for Drug Screening Identification.

Name
Last First Middle Maiden

Social Security Number

Address

Apt

City, State, Zip

Home Phone Number Other (Cell, Beeper)

Email Address

Have you previously applied for employment with the City of Plantation? Yes No

If yes, state position and date:
Position Date

Have you ever been employed by the City of Plantation? Yes No

If yes, give dates and position:

State names / relationships of relatives or any person in your same household employed by the City of Plantation.

Have you **ever** been arrested, received a Notice to Appear, been charged, convicted, pleaded Nollo Contedere or pleaded guilty to **any** criminal violation? Yes No

If yes, please give details and disposition.

Note: Be sure you respond accurately, providing all requested information. Failure to disclose requested details will be counted as an omission of relevant facts.

Have you ever been accused of a civil action or wrongful injury, assault and/or battery? Yes No

If yes, please describe the outcome of the situation.

Note: Be sure you respond accurately, providing all requested information. Failure to disclose requested details will be counted as an omission of relevant facts.

If you do not have a driver's license, check this box.

Drivers License #

Class Endorsements

State Expiration Date

REFERENCES

Please list three (3) references. (Not former employers or relatives).

Name Telephone Number

Address, City, State, Zip

Name Telephone Number

Address, City, State, Zip

Name Telephone Number

Address, City, State, Zip

EMPLOYMENT HISTORY

Begin with your present or most recent employment, including self-employment, part-time employment, and military service. Describe your paid work experiences for at least the past 10 years or, if applicable, list your past three (3) employers. Attach addendum if needed to complete this section.

May we contact your present employer(s)? Yes No

Employer Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Duties and Responsibilities	
City / State	<input type="text"/>		
Telephone	<input type="text"/>		
Supervisor Name	<input type="text"/>	Supervisor Title	<input type="text"/>
Reason for leaving	<input type="text"/>	Presently employed	<input type="radio"/> Yes <input type="radio"/> No
Employed Dates	From <input type="text"/>	To	<input type="text"/>
Final Salary	<input type="text"/>	<input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Weekly	
		<input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Other	

Employer Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Duties and Responsibilities	
City / State	<input type="text"/>		
Telephone	<input type="text"/>		
Supervisor Name	<input type="text"/>	Supervisor Title	<input type="text"/>
Reason for leaving	<input type="text"/>	Presently employed	<input type="radio"/> Yes <input type="radio"/> No
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Address	<input type="text"/>	Duties and Responsibilities	
City / State	<input type="text"/>		
Telephone	<input type="text"/>		
Supervisor Name	<input type="text"/>	Supervisor Title	<input type="text"/>
Reason for leaving	<input type="text"/>	Presently employed	<input type="radio"/> Yes <input type="radio"/> No
Employed Dates	From <input type="text"/>	To	<input type="text"/>
Final Salary	<input type="text"/>	<input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Weekly	
		<input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Other	

Explain any gaps in work history listed on page 3.

Have you ever been fired, forced to resign, or resigned in lieu of termination? Yes No

If yes, please explain.

List all special skills, computer programs, office machines, equipment, tools, etc., you are familiar with using.

EDUCATION AND SPECIAL TRAINING DATA

High School or GED

Name Year Completed

Address

Degree Major

Check Highest Grade Completed: 9 10 11 12

College / University

Name Year Completed

Address

Degree Major

From Year To Year

Special Training School
Name Year Completed
Address
Licenses or Certificates
From Year To Year

APPLICANT'S STATEMENT

I hereby certify that all statements made in this application are true and complete. Further, I understand that misrepresentation or omission of information by me shall serve as a basis for termination with the City of Plantation. Permission is granted to the City of Plantation to investigate and verify any information provided on this and successive documents completed for purposes of consideration. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I understand that if I provide volunteer work with the City of Plantation that some potential employer may in the future contact the City concerning my record and performance at the City. I hereby consent to and authorize persons employed by the City to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or a potential employer of mine with respect to my record and performance at the City of Plantation.

Signature of Applicant Date

RELEASE TO PROCURE CONSUMER REPORT

I understand that in connection with my Volunteer Application with the City of Plantation certain background information contained in a consumer report may be obtained in addition to my driving record and/or criminal background. I also understand that I have the right to decline authorization for the City of Plantation procure a consumer report concerning me, but by doing so, I will not be considered further.

- I authorize the City of Plantation to procure a consumer report concerning me.
- I do not authorize the City of Plantation to procure a consumer report concerning me.

Signature of Applicant Date

VOLUNTEER INTEREST SURVEY

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: _____

Please check all groups you prefer to work with:

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Children | <input type="checkbox"/> Youth |

Please check all activities you would like to participate in:

- | | |
|--|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Arts & Craft Instruction | <input type="checkbox"/> Bookkeeping/Accounting |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Board or Committee Member | <input type="checkbox"/> Mailing Assistance |
| <input type="checkbox"/> Coaching Athletics | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Disaster/Emergency Activities |
| <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Special Event Assistance |
| <input type="checkbox"/> Receptionist/Telephone | <input type="checkbox"/> Site Manager |
| | <input type="checkbox"/> Homework Assistance |
| | <input type="checkbox"/> Reading |

List any other areas of interest

Please check all skills you presently have:

Art & Culture

- Dance
- Music
- Theatre
- Art
- Photography

Communications

- Advertising/Marketing
- Audio/Visual
- Editing
- Public Speaking
- Writing

Clerical

- Filing
- Receptionist/Phone
- Word Processing
- Desktop Publishing

Community

- Crime Prevention
- Politics
- Tourism

Leadership

- Board Training
- Event Coordination
- Human Resource Mgmt.
- Professional Trainer
- Project Coordination

Professional

- Accounting/CPA
- Business Consulting
- Financial Advisor
- Fundraising/Grant Writing
- Legal or Paralegal
- Medical Practitioner

Sports/Recreation

- Baseball
- Basketball
- Bowling
- Coaching
- Cycling
- Football
- Golf
- Gymnastics
- Inline Skating
- Referee/Umpire

Skateboarding

- Soccer
- Swimming
- Tennis
- Track & Field
- Volleyball
- Water Sports

I AM AWARE that volunteering for the City of Plantation involves risk of personal injury, property damage, and other risks associated with volunteer service.

I RELEASE the City of Plantation from any and all liability for all loss, damages, and claims, (including attorney fees and costs), resulting from injury to the person listed below or to his or her property arising from the volunteering services.

I HEREBY HOLD HARMLESS the City of Plantation and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for the City of Plantation.

These releases are effective for me, my personal representatives, assigns, and heirs.

I HEREBY confirm, represent and warrant that I have never been convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense of any kind or any other violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

FURTHERMORE, I agree to utilize my own vehicle for transportation to and from the City, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and anyone else in my vehicle. I agree not to provide transportation for any of the children that are attending any of the programs for which I volunteer. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.

I ASSUME FULL RESPONSIBILITY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering with the City of Plantation.

FURTHERMORE, I authorize the City of Plantation to use my name and give any organization involved with the City of Plantation permission to photograph me. I understand that the City of Plantation has permission to use my name, photographs/videotapes, likeness, image, voice and biography in all media, publications, advertising and for publicity purposes in connection with my participation with a City of Plantation Volunteer Program related activity or project unless written notice is received to the contrary.

I CERTIFY that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the City of Plantation from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT.

VOLUNTEER NAME: _____

SIGNATURE: _____ **DATE:** _____