



Volunteer Application

Please return to Human Resources, 201 E. Main Street, Tavares, FL 32778
Telephone (352)742-6264 Fax (352)742-6351 Email: ApplyToday@Tavares.org

Name: _____
Last/First/Middle

Address: _____
Street/City/State/Zip Code

Telephone Number: _____ Email Address: _____

Are you at least 16 years of age? Yes _____ No _____

What is your education level?

High School (currently a student) _____ High School Diploma _____ Other Degree Type _____

Other (please explain) _____

Have you been convicted or plead guilty or no contest to any criminal violation of law in the past 10 years? Yes ___ No ___ If yes, please explain. _____

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

If yes, please indicate date(s) of employment, department, position(s) and reason for leaving.

Please indicate your primary volunteer area of interest: _____ Library _____ Parks
_____ Recreation _____ Special Events _____ Other _____

List past job experience/education/talents that might be helpful in your volunteer work:

If required for the position, do you have a valid driver's license: Yes ___ No ___

Are any members of your family or relatives (by blood or marriage) employed by the City of Tavares?

Yes ___ No ___ If yes, please indicate their names(s), relationship and department. _____

Are there any types of assignments you do not want to work? Yes ____ No ____ If yes, please explain.

Number of hours per week you wish to volunteer: _____

Number of hours you need to complete a program (such as Bright Futures): _____

Days and hours, you can volunteer: _____

Please provide any additional information that you would like the City of Tavares to consider:

Emergency Contact Information:

Name(s): _____

Relationship: _____

Phone Number(s): _____

Address: _____

Certificate of Applicant:

I certify that the answers given on this application are true and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I realize that misrepresentation of facts or the failure to update any information relating to questions on the application may be cause for rejection of this application or dismissal from volunteer services.

I authorize the City of Tavares to make any inquires it desires concerning me. I authorize schools, references and my prior employers to provide my records, reason for leaving and all other information they may have concerning me to the City of Tavares. I release the City of Tavares and all other parties from any and all liabilities or claims for any damage that may result therefrom.

I understand that this application is no and is not intended to be a contract for employment.

Signature of Applicant

Date