

GENERAL INFORMATION		
Name First:	Middle:	Last:
Address:		
City:	State:	Zip Code:
Telephone Number:	Other Telephone Number:	
E-Mail Address:		

VOLUNTEER POSITION		
Position or Type of position desired	Availability To Work:	Shift:
Do you have any previous experience in the desired position? If yes, Please explain.	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Date Available:		
Are you legally entitled to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:	

EDUCATION AND TRAINING				
List High School Or General Education (GED) & Location	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, list highest grade completed		
COLLEGE, BUSINESS SCHOOL, TECHNICAL TRAINING, MILITARY (Most Recent First)				
Do you have a Valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	License Number	Expiration Date	
Are You VOL. Cert. Or State License?				
Occupational License, Certificate or Registration	Number	Type Of Issue	Expiration Date	
Occupational License, Certificate or Registration	Number	Type Of Issue	Expiration Date	

Occupational License, Certificate or Registration	Number	Type Of Issue	Expiration Date
Has Any Of Your Licenses Ever Been Revoked or Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:		
List Any Languages Read, Written or Spoken Fluently Other Than English			
Veteran Information			
Branch of Service	Data Of Entry	Date Of Discharge	

Work Experience (Most Recent First to Include Volunteer Work and Military Experience)			
Employer	Telephone Number	From (Mth/Yr)	To (Mth/Yr)
Address		Last Salary	
Job Title		Supervisor	
Specific Duties			
Reason For Leaving			
Employer	Telephone Number	From(Mth/Yr)	To (Mth/Yr)
Address		Last Salary	
Job Title		Supervisor	
Specific Duties			
Reason For Leaving			
Employer	Telephone Number	From(Mth/Yr)	To (Mth/Yr)
Address		Last Salary	
Job Title		Supervisor	
Specific Duties			
Reason For Leaving			

List 3 Professional or Personal References		
Name	Telephone Number	Address:
Name	Telephone Number	Address:
Name	Telephone Number	Address:

Briefly, tell us why you want be a volunteer for the City of Zephyrhills?

I certify the information contained in this volunteer application is true, correct, and complete. I understand that any misrepresentation or omission of facts in this volunteer application is cause for rejection or separation from the City of Zephyrhills. I hereby authorize investigation of all statements contained herein as it may be necessary.

Signature

Date