

# VOLUNTEER PROGRAM APPLICATION



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ D/L Number: \_\_\_\_\_

Volunteer Position Desired: \_\_\_\_\_

Please list relevant experience, skills, training, etc. which qualifies you for the position(s) indicated above:

\_\_\_\_\_  
\_\_\_\_\_

Availability: Sun\_\_\_\_\_ Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_

How did you hear about this volunteer program? \_\_\_\_\_

Have you volunteered for the City of Palm Beach Gardens before? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, what department and when. \_\_\_\_\_

Have you used any illegal drugs in the past 5 years? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been arrested? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, describe in full: \_\_\_\_\_

\_\_\_\_\_

Please list three references:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

In case of emergency, person to contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I have received the outline statement of duties and the information above is true and complete. I understand this is not a contract of employment. I also understand that statements found to be false shall result in disqualification or discharge. I understand that a criminal history and background check is conducted on all volunteer applicants.

\_\_\_\_\_  
Signature of prospective volunteer Date

**RETURN COMPLETED FORM TO LIEUTENANT REID – TELEPHONE # 799.4309**