



**City of Minneola  
Volunteer Application**

**Instructions:**

- Application may be completed via the computer using fillable areas, or may be printed out and completed with black or blue ink.
- All parts of the application need to be completed.
- Application must be signed and dated on the last page.
- Application may be returned by one of the following methods:
  - E-Mail – to: [jalvarez@minneola.us](mailto:jalvarez@minneola.us)
  - Fax - 352-394-0051
  - U.S. Mail - Human Resources Department, PO Box 678, Minneola, FL 34755
  - Hand delivery - Human Resources Department, 800 North Hwy 27, Minneola, FL 34715.
- Should you have questions, please contact 352-394-3598 Ext 2301.

<b>1. Volunteer Position Applied For:</b>	<b>2. Today's Date:</b>		
<b>3. Type of Volunteer Service Sought (check all that apply):</b>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> FULL TIME</div><div><input type="checkbox"/> PART TIME</div><div><input type="checkbox"/> HOURS AVAILABLE <span style="background-color: #cccccc; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;">If a volunteer job requirement, you will work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Other</div><div style="width: 50%;">Will you travel if needed to other Departments <input type="checkbox"/> Yes <input type="checkbox"/> No Date available for service:</div></div>			
<b>4. Print Name:</b>			
Last	First	Middle	
<b>Social Security Number:</b>			
<b>5. E-mail Address:</b>			
<b>6. Current Address:</b>			
Number & Street Name		Apartment Number	
City	County	State	Zip Code
<b>7. Mailing Address:</b> (If different from above)			
Number & Street Name		Apartment Number	
City	County	State	Zip Code
<b>8. Personal Phone:</b>		<b>Business / Cell Phone:</b>	
Area Code and Number		Area Code and Number	
Have you lived outside the state of Florida in the last ten years? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>9. Other States:</b> If so, what state?			

**10. Specific Skills (in the spaces below, please list the equipment with which you have had experience or any special skills you might have, if applicable):**

Computer Software	Years	Months	Other Equipment (please describe)	Years	Months

**11. List relevant/applicable active licenses, certificates or registrations, the registration number(s) and expiration date(s):**

--

**12. List any organization(s) to which you belong which you consider relevant to your ability to perform the service:**

--

**13. List any foreign languages that you speak:**

--

**WORK HISTORY (REQUIRED). Include work history for the last two (2) years, including any unpaid work experience and volunteer jobs.****14. Employer/Volunteer Organization:**

Business Name: \_\_\_\_\_ From: \_\_\_\_\_ - \_\_\_\_\_ ☐ Full Time ☐ Part Time

Business Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer? ☐ Yes ☐ No

Your Job Title: \_\_\_\_\_

**15. Employer/Volunteer Organization:**

Business Name: \_\_\_\_\_ From: \_\_\_\_\_ - \_\_\_\_\_ ☐ Full Time ☐ Part Time

Business Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer? ☐ Yes ☐ No

Your Job Title: \_\_\_\_\_

**16. Employer/Volunteer Organization:**

Business Name: \_\_\_\_\_ From: \_\_\_\_\_ - \_\_\_\_\_ ☐ Full Time ☐ Part Time

Business Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer? ☐ Yes ☐ No

Your Job Title: \_\_\_\_\_

<b>17. Employer/Volunteer Organization:</b>		From: _____ - _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Business Name:	_____			
Business Address:	_____		Number of hours worked per week: _____	
	City, State & Zip Code			
Phone No:	May we contact employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your Job Title:

<b>MISCELLANEOUS</b> Answer the following questions by checking "Yes" or "No." It is imperative that you provide detailed information when requested, e.g., dates, types, etc., in Item 24.		
<b>18. Have you had any traffic violations during the last five (5) years? OR Have you had your license suspended or revoked during the last five (5) years?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.		
<b>19. Have you ever been convicted, plead guilty or no contest (Nolo Contender) to any criminal violation of law, including criminal traffic offenses? (A conviction does not automatically mean you cannot be considered. Provide all the facts.)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.		
<b>20. Have you ever been discharged for any reason from any job?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.		
<b>21. Have you ever been employed by City of Minneola Government?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate date(s) of employment, Department(s)/Division(s), position(s) and reason for leaving.		
<b>22. Are any members of your family or relatives (by blood or marriage) employed by City of Minneola Government?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate their name(s), Department(s)/Division(s,) and relationship.		
<b>23. Are you able to perform the essential functions of the position with or without reasonable accommodations?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain.		
<b>24. If continuation of an answer, or additional comments, indicate item number to which answer(s) apply.</b>		
<b>25. Please provide Emergency Contact information below:</b>		
NAME:		
ADDRESS:		CITY:
STATE:		ZIP CODE:
PHONE NUMBER 1:		PHONE NUMBER 2:

**READ THIS SECTION CAREFULLY BEFORE SIGNING THE APPLICATION FORM**

**26. Signature**

My signature below attests that I am desirous of volunteering my services for the good of City of Minneola by assisting and rendering services to the City of Minneola, located at 800 North Hwy 27, Minneola, FL 34715, and,

WHEREAS, City of Minneola, a political subdivision of the State of Florida, hereinafter referred to as CITY, is desirous of receiving volunteer services from concerned citizens.

NOW THEREFORE, in the interest of performing these services, I fully understand and agree to the following described terms and conditions:

1. All of the services and assistance, which I may render, are strictly and entirely on a volunteer basis. I understand that I have the right to terminate my volunteer service at any time with or without cause, and that the CITY has the same right. Consequently, the CITY is neither responsible nor liable for the payment of any monetary remuneration to me for the performance of those services. I further understand and agree that I will not receive nor will the CITY provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, or social security or retirement benefits.
2. I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.
3. Background checks will be conducted for volunteer candidates, social security number will be used for that purpose only.
4. Effective Date  
This letter, together with its terms and conditions, shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_ and shall continue in full force and effect until said services have ended and no future services are contemplated.

By my signature below, I hereby attest that I have read and fully understand the foregoing terms and conditions, that I am of sound mind, and that I have reached at least my eighteenth (18) birthday preceding the execution of this Letter of Understanding or if under eighteen (18) my parent/guardian has approved my volunteer service as evidenced by their signature below.

**VOLUNTEER:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**If under eighteen (18) years of age a parent/guardian's signature must appear below.**

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian's signature