CITY OF GREENACRES
VOLUNTEER APPLICATION

HUMAN RESOURCES
5800 Melaleuca Lane
Greenacres, FL 33463-3515

INSTRUCTIONS: Submit the original application only. Please type or print the application and **ANSWER ALL QUESTIONS**. If a question does not apply, write "Not Applicable" or "N/A." You may include a resume or other related documentation as a **supplement** to this volunteer application.

Date of Application:_____ Volunteering For:_____

Name:_____

Home Address:_____ Home Phone:_____

_____ Other Phone:_____

WORK HISTORY: Please list all volunteer and work experience starting with the most recent position.

Employer/Organization:_____ Employee ☐ Volunteer ☐

Address:_____

From_____ To:_____ Supervisor: _____ Phone: _____

Position Title & Duties:_____

Employer/Organization:_____ Employee ☐ Volunteer ☐

Address:_____

From_____ To:_____ Supervisor: _____ Phone: _____

Position Title & Duties:_____

Employer/Organization:_____ Employee ☐ Volunteer ☐

Address:_____

From_____ To:_____ Supervisor: _____ Phone: _____

Position Title & Duties:_____

EMERGENCY CONTACT:

Name:_____ Home Phone:_____

Home Address:_____

EDUCATION: **Did You Graduate?**

High School:_____ Yes ☐ No ☐

Location:_____

College/University:_____ Yes ☐ No ☐

Location:_____

Other Training/Education:

_____ Yes ☐ No ☐

_____ Yes ☐ No ☐

DRIVER'S LICENSE:

State of Issuance:_____ License Number:_____ Expiration Date:_____

BACKGROUND INFORMATION:

Have you ever been convicted of a felony or first-degree misdemeanor, pled "Nolo Contendere," or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes ☐ No ☐. If yes, please give dates, city and state, charges, and disposition of the case**:**

_____

_____

PERSONAL REFERENCES: (Do not include relatives or former employers.)

1. Name:_____ Phone:_____

Address:_____

2. Name:_____ Phone:_____

Address:_____

3. Name:_____ Phone:_____

Address:_____

I hereby certify that all answers given by me on this volunteer application are true to the best of my knowledge.

Signature:_____ Date:_____

CITY OF GREENACRES
Division of Human Resources

Authorization For Release of Information

TO: Authorized Representative of any Organization, Institution or Repository of Records

APPLICANT'S/VOLUNTEER'S FULL NAME:_____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH:_____

I respectfully request and authorize you to furnish any and all information and records that you may have to the CITY OF GREENACRES. This information will be used to assist the CITY OF GREENACRES in conducting a background investigation to determine the applicant's qualifications for a volunteer position.

I hereby release you, your organization, the City of Greenacres or others from any liability or damage, which may result from furnishing the information requested above.

Volunteer's Signature: _____

Parent/Guardian's Printed Name:_____
(Required for Volunteer's under age 18.)

Parent/Guardian's Signature: _____Date:_____
(Required for Volunteer's under age 18.)

_____

Address City State Zip

A F F I D A V I T

STATE OF_____

COUNTY OF_____

Before me personally appeared _____, who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Signed before me this _____day of _____, 20_____. He/she is personally known to me or has produced _____ as identification.

_____
Notary Public Signature

_____
Notary Public Name; Typed or Printed

Confidential Release of Social Security Number and Statement of Purpose

Pursuant to Section 119.071 (5), Florida Statutes, social security numbers collected by the City of Greenacres are confidential and exempt. The requirement to request the social security number must be relevant to the purpose for which it is collected and must be clearly documented.

Section 119.071 (5), Florida Statues, gives authority for the City of Greenacres to collect social security numbers if it is stated in writing the purpose for its collection and is specifically authorized by law to do so or it is imperative for the performance of the City's duties and responsibilities as prescribed by law. There are many individuals with the same name, therefore, without this identifying social security number, it would be difficult, if not impossible, to be reasonably sure that the correct individual(s) are identified and to verify they meet the requirements of the statutes.

The requirement for your social security number is mandatory. The City of Greenacres requires the release of your social security number for one or more of the following purposes or reasons:

- to perform background investigation checks for employment, volunteering or interning; or
- to serve on City Council, boards or commission; or
- to issue business tax receipt(s); or
- to conduct 1099 reporting of income for poll workers, vendors and consultants; or
- to enroll in specific training courses and classes that require Social Security numbers; or
- to produce patient insurance billing and/or for patient tracking; or
- to provide Florida Statute required information for Police/Fire/EMS purposes; or
- to process scholarship award(s) funding for students college tuition; or
- to administer workers' compensation claims, unemployment compensation claims; or
- to process health/dental claims; or
- to report income paid pursuant to the Internal Revenue Code; or
- to administer the provisions of pension plans; or
- to collect a debt.

CONFIDENTIAL