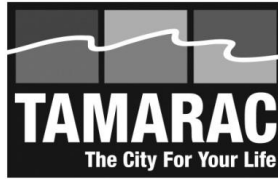


**FOR OFFICIAL USE ONLY**

Check each applicable box and provide Form

- Form A – Volunteering with youth/minors or vulnerable populations
- Form B – General Volunteer (2 Forms)
- Form C – Minor Child Volunteer



## CITY OF TAMARAC VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the City of Tamarac.

### Personal Data (Please Print Clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Are you over the age of 18:  Yes  No  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Employment History

Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Job Duties: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Job Duties: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

### Education

High School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
College(s) Attended: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_ Years Completed: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_ Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

### Interests/Training/Experience

**Please check any category in which you have an interest in volunteering or otherwise have training or experience:**

- |   |  |  |  |                                      |
|---|--|--|--|--------------------------------------|
| <input type="checkbox"/> Arts & Crafts  | <input type="checkbox"/> Athletic Coaching | <input type="checkbox"/> Child Development | <input type="checkbox"/> Clerical        | <input type="checkbox"/> Counseling  |
| <input type="checkbox"/> Education      | <input type="checkbox"/> Medicine          | <input type="checkbox"/> Mental Health     | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Teen Volunteer | <input type="checkbox"/> Other: _____      |  |  |                                      |

**Please list any special skills, training, interests or hobbies you have that may be useful to the City of Tamarac:**

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## Volunteer Experience

Please list your volunteer experience (if additional space is needed please attach a separate sheet):

1. Organization: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Role/duties: \_\_\_\_\_  
\_\_\_\_\_

Contact Information: \_\_\_\_\_

2. Organization: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Role/duties: \_\_\_\_\_  
\_\_\_\_\_

Contact Information: \_\_\_\_\_

## References

Please list the names of three (3) references that know you well and can evaluate your qualifications. Please **DO NOT** list any relatives.

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

## Criminal Background Information

In order to provide a safe environment for program participants, the City of Tamarac requires that all volunteers undergo a criminal background screening. Completion of a Volunteer Waiver of Confidential Records form and/or a Consumer Reporting Disclosure and Authorization form are required for consideration as a City of Tamarac Volunteer. For those volunteers engaged in activities that have direct interaction with vulnerable populations a Level 2 fingerprint screening will be conducted pursuant to §435.04, Florida Statutes.

### Please complete the following information:

Since your 18<sup>th</sup> birthday have you been **ARRESTED** for **ANY** violation(s) of the law other than minor traffic offenses, or pled NOLO CONTENDERE (No Contest) to criminal charges, even if adjudication was withheld? Yes  No  If yes, please provide:

Nature of the offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_ Name and location of the Court: \_\_\_\_\_

Disposition of case: \_\_\_\_\_ Date of disposition: \_\_\_\_\_

**If additional space is needed please attach a separate sheet of paper**

**Note: Answering Yes to the above does not automatically disqualify you from a volunteer assignment.**

### **Applicant Certification – Read Carefully Before Signing**

I hereby certify that I have a sincere interest in obtaining a volunteer assignment with the City of Tamarac, and that the answers to questions herein and all other information otherwise furnished are true and correct. I understand that any incorrect, incomplete or false statement of information furnished may subject me to disqualification or termination of a volunteer assignment at any time. I further understand and agree that if any of the information provided should change during my volunteer assignment I will inform the City of Tamarac immediately, and that the City reserves the right to perform a background screening at any time as it deems necessary.

\_\_\_\_\_  
Signature of Applicant Date Parent or Guardian signature if applicant is under the age of 18

**ALL DETERMINATIONS REGARDING VOLUNTEERS MADE BY THE CITY OF TAMARAC ARE FINAL**