



City of Ocala Volunteer Application

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
E-Mail Address: _____ Birth Date: _____
Emergency Contact: _____ Phone: _____
Employer: _____ Phone: _____
Education: High School or GED? Yes ___ No ___ College: Associate ___ Bachelor ___ Master ___
Program(s)/Area(s) of Interest:

Check if volunteering for an athletic program: Coach/Official _____ Scorekeeper _____

Personal References:

Name: _____ Relationship: _____
Address: _____ Phone: _____
Name: _____ Relationship: _____
Address: _____ Phone: _____

I understand that I will not be compensated for services provided. I understand that I am not an employee of the City of Ocala and I will abide by the rules outlined in the City of Ocala Volunteer Handbook. I understand that as a condition of the volunteer assignment, my signature authorizes the City of Ocala to conduct a review of my criminal history, and obtain verification of my driver's license and social security number. I certify that the information provided is true and accurate to the best of my knowledge.

Volunteer's Signature: _____ Date: _____
Parent Signature (if under age 18): _____ Date: _____

FOR CITY USE ONLY:

Volunteer Approved to Work (Background Check Completed)

If "Yes" City Supervisor's Name: _____ ☐ Yes ☐ No

Job Assignment: _____

Date Approved: _____