



# 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: \_\_\_\_\_