

City of Orlando
Office of Community Affairs
400 S. Orange Avenue • P.O. Box 4990 • Orlando, FL 32802-4990
Phone (407) 246-2500 • Fax (407) 246-3508
Email Address: volunteer@cityoforlando.net

Please indicate where you would like to volunteer

LOCATION:



VOLUNTEER PROGRAM APPLICATION

As a candidate for a volunteer position with the City of Orlando, I am willing to furnish information for use in determining my qualifications. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I understand that for security purposes a basic background check will be conducted to determine my eligibility. I may also be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check. *This may include a polygraph exam.*

PLEASE PRINT CLEARLY. IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY.

Name: _____
First Middle Last

Address: _____
Street Address

City State Zip How Long?

Social Security #: _____ - _____ - _____

Home Phone: _____ Work Phone: _____

Fax #: _____ Mobile Phone: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Driver's License #: _____ Expiration Date: _____

List any languages, other than English, which you speak or write fluently: _____

EDUCATION & MILITARY SERVICE

High School Name _____ City, State _____ Grade Completed _____ Year _____
College Name _____ City, State _____ Years Completed _____ Year _____
Degree(s) Earned _____ Major(s) _____ Minor(s) _____

Military Service:

Branch _____ Dates of Service _____

EMPLOYMENT HISTORY

Present Employer Name _____ Address _____

Job Duties _____ Employment Dates _____

Previous Employers:

Company Name _____ Address _____

Job Duties _____ Employment Dates _____

Company Name _____ Address _____

Job Duties _____ Employment Dates _____

Please list any special skills, training, interests or hobbies that you have that may be useful:

HEALTH & INSURANCE

Name of Medical Insurance: _____

Policy No.: _____

Company Name: _____

Group No.: _____

Name of Policy Holder: _____

Social Security # of Policy Holder: _____

Do you have physical limitations/restrictions which need accommodation? Yes _____ No _____

If Yes, please explain: _____

Emergency Contact Person:

Name _____ Phone _____

Relationship to Volunteer _____

VOLUNTEER EXPERIENCE

Please list any current or previous volunteer activities: _____

Where did you learn of the City of Orlando Volunteer Program? _____

What type of work do you wish to do? _____

What days and hours would you be available?

DATES	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
TIMES							

Please give the names and phone numbers for two local character references:

1. _____ Phone: _____
2. _____ Phone: _____

Why do you wish to volunteer with the City of Orlando? _____

List any misdemeanor arrests or convictions (include dates): _____

List any felony arrests or convictions (include dates): _____

I hereby authorize the City of Orlando, its designee, or agent, to investigate my past or current activities and to receive full and complete disclosure of all records relating to me and my past employment, criminal or traffic reports or arrest reports or investigations.

I understand that the City at times handles sensitive or confidential information, the disclosure of which could adversely affect a criminal investigation and in some instances may be a violation of law. I agree not to disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by a city supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

I hereby indemnify and hold the City harmless from and against, any and all liability, for any injury to my self or my property or any other damage or cause of action, which may arise while I am engaged in volunteer activities with the City. I agree that the City will not be responsible for any activities, liability, suits or damages which may occur during or as a result of my volunteer status with the City, which occur outside the scope of the responsibilities and duties assigned to me.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the City of Orlando.

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____
 (If Volunteer is under 18 years old)

DATE: _____

Please read the following statements carefully. Sign and return this form with your completed application.

Automatic Disqualifiers

The City of Orlando Volunteer Program will **NOT** consider the application of any individual who:

1. Has been convicted of a felony or any offense that would be a felony if committed in Florida.
2. Has used illegal drugs within the last six months.
3. Has sold marijuana or other illegal drugs within the last two years.
4. Has falsified his or her application, including the omission of required information.

Discretionary Disqualifiers

The following disqualifiers **MAY**, upon review, make you ineligible for the Volunteer Program:

1. A physical or mental disability that would substantially impair an individual's ability to perform his or her duties with a reasonable accommodation.
2. Misuse or abuse of alcohol or prescription drugs.
3. A demonstrated unwillingness to honor fiscal contracts or just debts.
4. Any conduct or pattern of behavior that would tend to disrupt, diminish, or otherwise jeopardize public trust in a public position.

I have read and understand the above disqualifiers. Please consider my application for participation in the City of Orlando Volunteer Program.

Signature: _____ Date: _____



CITY OF ORLANDO

REQUEST FOR LOCAL LAW ENFORCEMENT CHECK

TO: Orange County Sheriff's Office/Records Department
2500 West Colonial Drive
Orlando, FL 32804

Fax#: (407) 254-7071

Pursuant to Chapter 85-54, Laws of Florida, we request a local records check on the applicant listed below:

Last Name		First Name		
Date of Birth	Social Security #	Hispanic/Latino?	Race	Sex

PLEASE DOCUMENT THE FINDINGS AND RETURN THE INFORMATION TO:

City of Orlando
400 South Orange Avenue
Orlando, Florida 32801
Telephone #: (407) 246-2235
Fax#: (407) 246-2019

FDLE Batch # _____

Medical Appointment Date _____ **Clearance Received** _____

REQUESTED BY:

ARLENE GONZALEZ	HR SPECIALIST	
Name	Title	Date
	Volunteers 2010	
Position Applied for	Requisition Number	Program #

Out-of-State Check needed? Yes _____ **No** _____ **Date Completed** _____

City of Orlando

Volunteer Program

Office of Neighborhood & Community Affairs

Social Security Number Usage Statement

The City of Orlando collects and maintains Social Security Numbers (SSN) from volunteer program applicants and is dedicated to ensuring the privacy and proper handling of this information in accordance with the Federal Privacy Act of 1974 and the Florida Statute Section 119.071(5)(2)(a) as amended. The City of Orlando will continue to collect social security numbers as mandated and allowed by law. The SSN is utilized for the purpose of running criminal history background checks on all volunteers within the City of Orlando. Below are the main uses of SSN in the Office of Neighborhood & Community Affairs:

- Conducting local (Orange County) and state (FDLE-Florida Department of Law Enforcement) criminal history background checks
- Positive identification during legal review of records with criminal hits



City of Orlando **Volunteer Program Outline**



Application Process

5. Volunteer calls, visits or e-mails and expresses interest in the program.
6. Application and materials are given or sent.
7. The completed application and background check form are returned to the City of Orlando Office of Community Affairs.

Screening Process

5. Background checks are conducted on ALL volunteer applicants. Applications cannot be processed without completed background check forms, including social security numbers.
6. Applicant is notified of status.

Placement Process

1. Volunteer Program Assistant sends volunteer's application to supervisor for files and scheduling.
2. Cleared volunteers are contacted by their site coordinator/supervisor.
3. Volunteers are asked to track their volunteer hours using a citizen timesheet and turn their timesheets in to their site coordinator/supervisor.