



City of Orlando
Office of Community Affairs and Human Relations
400 S. Orange Avenue • 2nd Floor • Orlando, FL 32802
Phone 407.246.2500 Fax 407.246.3508

PLEASE FAX, MAIL OR HAND DELIVER APPLICATIONS

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?

Home Phone: _____ Work Phone: _____

Fax #: _____ Mobile Phone: _____

Email Address: _____

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

Provide information to City Staff upon request.

Social Security #: _____ - _____ - _____

Date of Birth: _____ Place of Birth: _____

Driver's License #: _____ Expiration Date: _____

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.: _____

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

If Yes, please explain: _____

Emergency Contact Person:

Name _____ Phone _____

Relationship to Volunteer _____

Office Use Only

Provide information to City Staff upon request.

Name of Policy Holder: _____

Policy #/Policy ID #: _____

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. Misuse or abuse of alcohol or prescription drugs.
2. A demonstrated unwillingness to honor fiscal contracts or just debts.
3. 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

Volunteer Program

Office of Community Affairs & Human Relations

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 Community Affairs & Human Relations:

- 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

1. Volunteer calls, visits or e-mails and expresses interest in the program.
2. Application and materials are given, sent or downloaded from the City's website.
3. The completed application and background check form are returned by fax, mail or hand delivered to the City of Orlando Office of Community Affairs & Human Relations, City Hall, 400 South Orange Avenue, downtown Orlando.

Screening Process

1. Background checks are conducted on ALL volunteer applicants. Applications cannot be processed without completed background check forms, including social security numbers that shall be given to City Staff upon request.
2. 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.