

**Lee County Department of Human Services**

**Volunteer Application**

**Special notice to all volunteers:**  Lee County Department of Human Services is a drug free workplace

Please print clearly and complete all lines.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | | | | Date: | |  | | | |
| Name: |  | | | | | | | | | Social Security #: | |  | | | |
| Local Street Address: | | |  | | | | | | | | | | | | |
| City: |  | | | | | | | | | Zip Code: | |  | | | |
| Daytime Phone: | | |  | | | | | | | Evening Phone: | |  | | | |
| Date of Birth | | |  | | | | | | |  | |  | | | |
| E-Mail Address: | | |  | | | | | | |  | |  | | | |
|  | | |  | | | | | | |  | |  | | | |
| **Emergency Contact:** | | | | | | | | | |  | |  | | | |
| Name: | | |  | | | | | | | Relationship: | |  | | | |
| Local Street Address: | | |  | | | | | | | Zip Code: | |  | | | |
| Phone: | | |  | | | | | | |  | |  | | | |
|  | | |  | | | | | | |  | |  | | | |
| **Education** | | | **College/University** | | | | | | **Post-Graduate Professional** | | | **Post-Graduate Other** | | | |
| School Name | | |  | | | | | |  | | |  | | | |
| Years Complete:  (Please Circle) | | | **1 2 3 4** | | | | | | **1 2 3 4** | | | **1 2 3 4** | | | |
| Describe Course of Study: | | |  | | | | | |  | | |  | | | |
| Diploma/Degree: | | |  | | | | | |  | | |  | | | |
| Describe specialized training, apprenticeship, skills and extra-curricular activities | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
| If you require any special accommodations, please explain: | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | |
| Have you ever been convicted of any offenses other than minor traffic violations? | | | | | | | | | | | Yes | |  | No |  |
| If ‘Yes’, please explain: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Have you ever been arrested? | | | | Yes |  | | No | |  |  | | | | | |
| If ‘Yes’, please explain: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Are you fluent in a foreign language? | | | | Yes |  | | | No |  |  | | | | | |
| If ‘Yes’, indicate what language and at what level: | | | | | |  | | | | | | | | | |



**Volunteer Application**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work/Volunteer Experience** | | | | | | | | | |
| **Dates:**  **From: To:** | | | | **Employer:** | | | | **Position Title:** | |
| **Address: (Street, City, State, Zip Code)** | | | | | | | | | |
| **Phone Number:** | | **Supervisor:** | | | | **May We Contact This Employer?**  ** Yes  No** | | | |
| **Reason For Leaving:** | | | | | | | | | |
| **Dates:**  **From: To:** | | | **Employer:** | | | | **Position Title:** | |
| **Address: (Street, City, State, Zip Code)** | | | | | | | | |
| **Phone Number:** | **Supervisor:** | | | | **May We Contact This Employer?**  ** Yes  No** | | | |
| **Reason For Leaving:** | | | | | | | | |
| **Dates:**  **From: To:** | | | **Employer:** | | | | **Position Title:** | |
| **Address: (Street, City, State, Zip Code)** | | | | | | | | |
| **Phone Number:** | **Supervisor:** | | | | **May We Contact This Employer?**  ** Yes  No** | | | |
| **Reason For Leaving:** | | | | | | | | |
| **Dates:**  **From: To:** | | | **Employer:** | | | | **Position Title:** | |
| **Address: (Street, City, State, Zip Code)** | | | | | | | | |
| **Phone Number:** | **Supervisor:** | | | | **May We Contact This Employer?**  ** Yes  No** | | | |
| **Reason For Leaving:** | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Availability:**  **Days & Times** |  |  |  |  |  |  |

**Complete the following days and times of availability:**



**Volunteer Application**

**Conditions of Volunteer Positions**

I authorize the employers listed to give you any and all pertinent information they may have and release all parties from any liability concerning the information they release. I hereby certify that the information listed on this application is true and correct. I understand that if any false, incomplete or misleading information is given by me on this application, I will be disqualified from volunteering.

I agree to undergo fingerprinting and provide information needed for the background screening required by Florida statutes. I understand that satisfactory results from such screening are a condition of volunteering.

By my signing below, I verify my understanding that, by completing and submitting this form, I am applying for a volunteer position. Submission of this volunteer application in no way promises or implies consideration for employment at this time or at any time in the future.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Volunteer Applicant Signature |  | Date |

***Thank you for your interest!***

You may drop off your application at the Lee County Department of Human Services, 2440 Thompson Street, Fort Myers, FL 33901 or fax it to (239) 533-7960.