

**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.