



**CITY OF  
MOUNT  
D O R A**

## **Volunteer Application**

Please return to Human Resources 510 N Baker St. upon completion.

**Name:** \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

**Address:** \_\_\_\_\_  
                    **Street**                                    **City**                                    **State**                                    **Zip Code**

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Are you at least 16 years of age?**

Yes \_\_\_ No \_\_\_

**What is your education level?**

High school (currently a student) \_\_\_ High school Diploma \_\_\_ Bachelor's Degree \_\_\_ Other \_\_\_

**Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort?**

Yes \_\_\_ No \_\_\_

If yes, please explain

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**Have you ever been employed by the City of Mount Dora?**

Yes \_\_\_ No \_\_\_

If yes, please indicate date(s) of employment, department/division, positions and reason for leaving.

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**Please indicate your primary volunteer area of interest:**

\_\_\_ **Library** \_\_\_ **Parks** \_\_\_ **Recreation** \_\_\_ **Special Events** \_\_\_ **Other** (\_\_\_\_\_)

**Past job experience/education/talents that might be helpful in your volunteer work:**

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**If required for the position, do you have a valid driver's license?**      Yes \_\_\_ No\_\_\_

**Are any members of your family or relatives (by blood or marriage) employed by the City of Mount Dora?**

Yes \_\_\_ No\_\_\_

If yes, please indicate their name(s), department/division and relationship

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**Are there any types of assignments you do not want to work?**

Yes \_\_\_ No\_\_\_

If yes, please explain

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**Number of hours per week you wish to volunteer:**

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**Number of hours you need to complete a program (such as Bright Futures):**

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**Days and hours you can volunteer:**

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**Please provide any additional information that you would like The City of Mount Dora to consider:**

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We appreciate your interest in volunteering for the City of Mount Dora.

You will find our City offices and departments to be pleasant, rewarding places in which to spend your volunteer time. As follow-up to this application, you may be required to attend an in-person or telephone interview, and by providing your signature below, give the City of Mount Dora authority to conduct a background check.

I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form or other documentation, to provide the City with relevant information and opinion, personal or otherwise, that may be useful in making a decision regarding my volunteerism. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.

In consideration of allowing me to volunteer, I agree to obey the rules and standards of conduct for the City of Mount Dora. I understand that nothing contained in this application or in the potential interview process is intended to create a contract between the City and myself for either employment or for the providing of any benefits. I agree that my volunteer activities may be terminated at any time, for any reason, at the option of myself or the City. This constitutes my entire agreement with the City of Mount Dora with regard to the length of my volunteer activities.

**Public Relations Policy**

- A. The City's volunteers shall at all times be courteous, friendly, and helpful to all persons seeking help or information.
- B. As information concerning subjects under discussion by the City Council is unreliable unless confirmed by the Mayor or designee, premature discussion of such subjects may cause misunderstanding and confusion. Therefore, volunteers shall courteously decline to reveal or discuss subject matter yet to be confirmed, and should refer interested persons to the proper department head, City Manager or the Mayor.
- C. No volunteer shall publish a news release or represent the position of the City to the news media unless authorized to do so by the Mayor or the Mayor's designee.

**Dress and Appearance**

Volunteers' assigned duties dealing with the public should be properly groomed and wear neat attire that is appropriate for their designated environment.

By signing below, I authorize and release the City of Mount Dora to perform a thorough background investigation which may include: Checking Criminal History, Social Security Validation, Driving Record, Drivers License Validation, DCF background check and other background check deemed necessary.

The City of Mount Dora may collect your Social Security Number for the following purposes: Classification of Accounts; Identification and Verification; Credit Worthiness; Billing and Payments; Data collection; Reconciliation; Tracking; Benefit Processing; Tax Reporting and Background Checks. Social Security numbers are also used as a unique numeric Identifier and may be used for search purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Emergency Contact Information For:**

**Name of Volunteer Applicant:** \_\_\_\_\_

Name(s):

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Phone Number 1:

\_\_\_\_\_

Phone Number 2:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip:

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