

City of Fort Lauderdale Parks and Recreation Department



Volunteer Application



Please Print Clearly

Name:		Date:
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Phone (other):	
E-mail Address:		
Date of Birth:	Place of Birth:	
Occupation:	Employer:	

Availability (Please check when you are available to volunteer):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you a seasonal resident? (Please circle) Yes No

I am in town from _____ to _____.

Desired Facility Location: _____

Special Placement Request (Please check appropriate box/boxes):

- | | | |
|--|---|---|
| <input type="checkbox"/> Kids Events / Activities | <input type="checkbox"/> Youth Sports / Athletics | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Adult Events / Activities | <input type="checkbox"/> Adult Sports / Athletics | <input type="checkbox"/> Clerical Support |
| <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Park Beautification | <input type="checkbox"/> Other _____ |

Describe any special skills or training you have that would be helpful for the volunteer program:

Describe any previous volunteer experience (Agency, Date & Duties Performed):

Are you able to perform the volunteer duties for the position you are interested in without any reasonable accommodations? (Please circle) Yes No

If not, what type of accommodations would you need? _____

Emergency Information

Emergency Contact Person:		
Name:	Relationship to you:	
Home address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Other Phone:	

How did you hear about us? _____

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

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

I agree that the City of Fort Lauderdale has permission to perform a Social Security Verification, Fingerprinting Trace, and Criminal History Record Check for the purpose of determining my fitness to work with children, elderly, and the disabled.

Signature of Applicant

Date

For office use only

Background Check

- | | | |
|-------------------------------------|-------|--------------|
| <input type="checkbox"/> Check Run | Date: | Run By: |
| <input type="checkbox"/> Approved | Date: | Approved By: |
| <input type="checkbox"/> I.D. Badge | Date: | Issued By: |
| <input type="checkbox"/> Other | Date: | By: |

Placement Date: _____

Assigned To: _____