



HAINES CITY

THE HEART OF FLORIDA

VOLUNTEER APPLICATION

First Name _____ Middle Initial ____ Last Name _____

Local Address _____ Apt. No. _____

City _____ State _____ Zip _____

Community Name/Subdivision _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Yes, I would like to subscribe to the City Manager's free monthly report _____ Yes _____ No

Place of Employment _____

Work Address _____ Suite No. _____

City _____ State _____ Zip _____

Are you 18 years old or over? _____ Yes _____ No

Other names used, list chronologically:

Full Name

Dates Used

Reason For Change

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please list charge, date, place and disposition _____

Education level _____ Special skills, abilities, or interests _____

Occupational License(s), Degree(s), Teaching Certificate(s) _____

What duties would you be interested in performing?

____ Special Events ____ Community Center Reception ____ General Reception ____ Youth Programs

____ Advisory Boards ____ Community Clean-Ups ____ Library Services ____ Other

If other, please specify _____

Availability for volunteer work?

How often _____ Year-Round or Seasonal Resident ____ Year-Round ____ Seasonal

Daytime Hours _____ Evening Hours _____

When will you be able to start? _____

EMERGENCY INFORMATION

Please provide name, address, and telephone number of the person to contact in case of an emergency:

Name _____ Relationship _____ Telephone _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____

In the event of injury requiring medical attention, if permission cannot readily be obtained from my emergency contact or myself, I hereby authorize the City of Haines City to provide such permission for medical treatment.

Volunteer Signature _____ Date _____

Completed applications may be emailed to volunteer@hainescity.com or hand-delivered or mailed to:

**City of Haines City
Human Resources Department
620 E. Main Street
Haines City, FL 33844**