

VOLUNTEERS

Thank you for considering volunteering for the City of Wildwood.

There are several volunteer opportunities at the City. Some volunteer positions are available for Special Events, some are offered Seasonally, and other volunteer positions are best suited for Year-Round commitment.

The following Volunteer Application is comprised of several sections...

Application/Questionnaire
Code of Conduct
Acknowledgement & Waiver, Consent & Notary

All sections must be completed in their entirety for volunteer consideration.

All information provided is confidential.

Applications must be returned in person or by mail
No faxed applications will be accepted

If you return your application in person, there are Notaries available to complete this process,

However, **DO NOT** sign the documents until the Notary is present.

If you return your application by mail, please have your signature Notarized or Witnessed (whichever is required) before mailing.

City of Wildwood
Human Resources
100 N. Main Street
Wildwood, FL 34785
352-330-1330 x105
mtuck@wildwood-fl.gov
mcorrenti@wildwood-fl.gov

Thank you!

DATE: _____



CITY OF WILDWOOD VOLUNTEER APPLICATION

PLEASE PRINT LEGIBLY

Volunteer Position(s): _____

How did you become aware of the City's Volunteer Program? [] Advertisement [] Employee [] Relative [] Walk In [] Other _____

Name _____
Last First Middle DATE OF BIRTH:

Physical Address _____
Street City State Zip Code

Mailing Address _____
If different from above Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Best Number to Call: Home Cell Work

E-Mail Address _____ DRIVERS LICENSE# _____

Length of time at the above address _____. If less than 5 years, please list every physical address for the past 5yrs.

Address _____
Street City State Zip Code

Address _____
Street City State Zip Code

Address _____
Street City State Zip Code

Address _____
Street City State Zip Code

CITY USE ONLY

REVIEWED BY: _____ / / _____
Human Resources Signature Date

APPROVED BY: _____ / / _____
Department Head Signature Date

APPROVED BY: _____ / / _____
City Manager Signature Date

QUESTIONNAIRE

Are you under the age of 18? []Yes []No If Yes, how old are you? _____ (Parent/Legal Guardian signature required)

Are you a US Citizen? []Yes []No

Do you have a valid Driver's License? []Yes []No (*a copy will be requested upon submittal*)

Have you ever volunteered or been employed at the City of Wildwood? []Yes []No

If Yes,
When: _____ What Dept: _____

Do you have any Relatives employed by the City of Wildwood? []Yes []No

If Yes,
Who: _____

Are you currently Employed? []Yes []No If Yes, Employer Name: _____

What days and times are you available: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri
_____ Sat _____ Sun: Mornings Afternoons Evenings/Night

How many hours per week can you volunteer? _____

Some volunteer positions require long-term commitment of three to six months or more. Are you willing to make a long-term commitment to volunteering? []Yes []No

In general are you willing and able to perform tasks that would require you to work with the general public who may be experiencing emotionally difficult circumstances? []Yes []No

Have you ever been convicted of any violation of the law (other than traffic violations)? []Yes []No
If Yes, please explain

What are some of your skills, abilities, hobbies or special interests? _____

Indicate any Languages other than English you can speak, read or write:

LANGUAGE

SPEAK

READ

WRITE

	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Please check below any areas of volunteering that you are interested in doing as well as give a brief description of some of your previous knowledge and/or background.

Laborer

- Builder/Construction
- Carpentry/Cabinetry/Trim
- Concrete/Masonry
- Electrical
- Grounds/Landscaping
- Mechanic
- Painter
- Plaster/Drywall
- Plumber

Administrative

- Accounting
- Communications
- Computer Hardware/Software
- Customer Service
- Data Entry
- Filing
- Phones/Switchboard

Equipment

- Backhoe
- Bucket Truck
- Excavator
- Front-end Loader
- Grader
- Mowers/Tractors
- Street Sweeper

Specialty

- Animal Control/Handler
- Chaplain
- Commercial Driver (CDL)
- Cook
- Counselor
- Daycare
- Engineering
- Fire Service/Rescue
- Law Enforcement/Reserve

Welding

Other _____

Other _____

Other _____

Photographer

Teacher

VOLUNTEER CODE OF CONDUCT

As a volunteer I will:

Perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability.

Not undertake to operate or use vehicles, equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely, and have not received specific authorization to use from my Supervisor.

Observe all safety rules and use provided safety equipment in the performance of my assigned tasks.

Treat everyone with respect, patience, integrity, courtesy, and dignity.

Not use profanity, or make humiliating, ridiculing, threatening, or degrading statements.

Return all City of Wildwood equipment and identification upon request or at end of assignment in good condition.

VOLUNTEER ACKNOWLEDGEMENT AND WAIVER

As a volunteer, I understand that:

I give the City of Wildwood permission to conduct a thorough background check on me, which may include a review of sex offender registries, criminal history records, and law enforcement records. I understand that a volunteer position may be conditional upon favorable background information as determined by the City.

The City of Wildwood is not obligated to provide me with a volunteer placement. I also understand that I am not obligated to accept the volunteer position that is offered.

Volunteers are expected to immediately inform us if they are unable or unwilling to perform a requested task.

Depending on the volunteer position that I am doing, the physical requirements of tasks may involve sitting, standing, walking, stooping, kneeling, climbing, talking, listening, reading, handling (lifting, pushing, pulling), objects, handling heavy objects, operating tools, operating power tools, operating office equipment, operating vehicles.

Volunteer positions are charitable contributions to the City without anticipation of compensation or benefit of any kind or consideration of future employment.

I have the obligation to notify my Supervisor of any injury incurred while volunteering.

I agree to adhere to the Drug Free Work Place Policy as well as all other Policies and Procedures of the City of Wildwood even though I am not an employee.

The City of Wildwood reserves the right to terminate my volunteer status at any time.

VOLUNTEER CONSENT

I hereby certify that the information provided is true and correct. I understand that my signature below indicates that I have read each of the above items and agree to be bound by them and any fraudulent information provided would result in my Volunteer Application not being accepted. (If you are under the age of 18, your Parent or Legal Guardian must also review these items and sign below).

_____/_____/_____
Volunteer Name (print) Volunteer Signature Date

I, _____, am the Parent or Legal Guardian of the Volunteer, and I agree to allow him/her to be bound by the conditions represented above.

_____/_____/_____
Guardian Name (print) Guardian Signature Date

STATE OF FLORIDA
COUNTY OF: _____

Sworn to (or affirmed) and Subscribed before me this _____ day of _____, 20_____

by _____, who is personally known to me or has presented _____ as identification.

_____ type of ID

Signature _____

s e a l

Printed Name _____