

PLEASE READ THE INFORMATION BELOW BEFORE FILLING OUT THIS APPLICATION

I. GENERAL INFORMATION:

- A. Applications are accepted Monday through Friday, from 9:00 a.m. to 3:00 p.m., at all Pasco County park sites, and from 9:00 a.m. to 5:00 p.m. at all Pasco County recreation facilities.
- B. Applicants will be contacted if they are to be interviewed. If the applicant is not contacted for an interview for a volunteer position, a letter will be sent to him/her; however, the application will be kept on file for six months and may be used to fill another volunteer vacancy within that time period.

II. ALL APPLICANTS SHOULD INCLUDE THE FOLLOWING:

- A. State what volunteer position and park/facility you are interested in.
- B. A copy of the applicant's Social Security card and either Florida Driver's License or State Identification Card.

III. PLEASE FILL OUT THE APPLICATION:

Social Security No.: _____

Date of Birth: _____





PASCO COUNTY
PARKS AND RECREATION DEPARTMENT



Volunteer Application

MAIL TO: Pasco County Parks and Recreation Department
David "Hap" Clark, Jr., Building
4111 Land O' Lakes Boulevard, Suite 202
Land O' Lakes, FL 34639-4402

Telephone (813) 929-2760
Fax (813) 929-2758

INSTRUCTIONS: This application must be filled out completely and accurately. All statements are subject to investigation. Exaggerated, false, or misleading statements are cause for rejection. PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION.

NAME: _____
(Last) (First) (Middle)

PRESENT ADDRESS: _____
(Number/Street) (City) (State) (Zip)

HOME TELEPHONE: () BUSINESS TELEPHONE: ()

EMERGENCY CONTACT NAME: _____
(Last) (First)

TELEPHONE NO. ()

PHYSICIAN'S NAME: _____
(Last) (First)

TELEPHONE NO. ()

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR (OR SIMILAR OFFENSE) BY COURT MARTIAL, OR PLEAD NOLO CONTENDERE (NO CONTEST) TO SUCH AN OFFENSE, OR PLEAD GUILTY TO SUCH AN OFFENSE (including all instances of the foregoing, even if adjudication was withheld or if you were placed on probation)? Yes _____ No _____ IF YES, STATE THE COURT, CRIME COMMITTED, DISPOSITION OF CASE, AND DATE(S):

(Use additional paper, if needed)

ARE ANY CRIMINAL CHANGES PENDING AGAINST YOU? Yes _____ No _____ If yes, supply details.

VOLUNTEER PLACEMENT INFORMATION

HAVE YOU VOLUNTEERED BEFORE: Yes_____ No_____ If yes, briefly describe your volunteer experience:

(Use additional paper, if needed)

WOULD YOU LIKE TO SUPERVISE OTHER VOLUNTEERS? Yes_____ No_____

WHAT DAY(S) WOULD YOU BE AVAILABLE FOR VOLUNTEER WORK? _____

HOW MANY HOURS ON THESE PARTICULAR DAYS WOULD YOU BE AVAILABLE FOR VOLUNTEER WORK? _____

WHAT OTHER EXPERIENCES, SKILLS, OR HOBBIES DO YOU HAVE? _____

LIST THE PARK OR PARKS WHERE YOU LIKE TO VOLUNTEER: _____

WHICH GENERAL CATEGORIES ARE YOU MOST INTERESTED IN?

- | | |
|---|--|
| <input type="checkbox"/> ARTS AND CRAFTS | <input type="checkbox"/> INSTRUCTOR FOR CLASSES |
| <input type="checkbox"/> ASSIST WITH CLASSES/SIGN-UP PROCEDURES | <input type="checkbox"/> MAINTENANCE/CLEANUP |
| <input type="checkbox"/> ASSIST WITH SPECIAL EVENTS | <input type="checkbox"/> MAINTENANCE/CONSTRUCTION |
| <input type="checkbox"/> ASSIST WITH SUMMER DAY CAMP | <input type="checkbox"/> MAINTENANCE/PAINTING |
| <input type="checkbox"/> BOY SCOUT PROJECTS IN PARKS | <input type="checkbox"/> MONITORING DESIGNATED AREAS |
| <input type="checkbox"/> COACHING FOR LEAGUES/YOUTH | <input type="checkbox"/> OFFICE/CLERICAL |
| <input type="checkbox"/> DELIVERY OF FLYERS | <input type="checkbox"/> OFFICIATING/YOUTH AND ADULT LEAGUES |
| <input type="checkbox"/> ENVIRONMENTAL EDUCATION | <input type="checkbox"/> SIGN LANGUAGE |
| <input type="checkbox"/> FISH/WILDLIFE CLASSES | <input type="checkbox"/> SITE PATROL |
| <input type="checkbox"/> GIRL SCOUT PROJECTS IN PARK | <input type="checkbox"/> TOUR GUIDE/INTERPRETATION |
| <input type="checkbox"/> GUEST SPEAKER | <input type="checkbox"/> TRAFFIC DIRECTOR AT SPECIAL EVENTS |
| <input type="checkbox"/> HIKING TOURS | <input type="checkbox"/> VISITOR INFORMATION |
| <input type="checkbox"/> HISTORIC PRESERVATION | <input type="checkbox"/> OTHER (LIST) |

APPLICANT CERTIFICATION

READ CAREFULLY BEFORE SIGNING

I hereby certify that each answer to my questions herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject mater. I understand that any incorrect, incomplete, or false statements furnished by me may subject me to disqualification at any time. I agree to comply with all its orders, rules, and regulations.

Signature

Date