



City of Ocala Volunteer Application

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

E-Mail Address: _____ Birth Date: _____

Emergency Contact: _____ Phone: _____

Employer: _____ Phone: _____

Education: High School or GED? Yes No College: Associate Bachelor Master

Program(s)/Area(s) of Interest:

Check if volunteering for an athletic program: Coach/Official Scorekeeper

Personal References:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I understand that I will not be compensated for services provided. I understand that I am not an employee of the City of Ocala and I will abide by the rules outlined in the City of Ocala Volunteer Handbook. I understand that as a condition of the volunteer assignment, my signature authorizes the City of Ocala to conduct a review of my criminal history, and obtain verification of my driver's license and social security number. I certify that the information provided is true and accurate to the best of my knowledge.

Volunteer's Signature: _____ Date: _____

Parent Signature (if under age 18): _____ Date: _____

FOR CITY USE ONLY:

Volunteer Approved to Work (Background Check Completed) Yes No

If "Yes" City Supervisor's Name: _____

Job Assignment: _____

Date Approved: _____