

Volunteer Application

Circle the Volunteer Area of Interest:	1) Office/clerical	2) Special Events	3) Emergency Operations	
4) Other:				

INSTRUCTIONS: Careful and thorough completion of this application is an important step in the City's consideration of individuals for volunteer assignments. Resumes are not accepted in lieu of full completion of this application. Please type your responses or legibly print in blue or black ink. Please notify the Human Resources Division if you require reasonable accommodation to complete this application.

DAT	DATE OF APPLICATION: PERSONAL INFORMATION					
Last 1	Name:	First Name:	Middle Initial:			
<u>Physi</u>	ical Address:					
<u>Maili</u>	ing Address:					
<u>Telep</u>	phone Numbers - Home:	Other:				
	se answer the following questions by chapropriate. You may use a separate shee		yes", please provide an explanation			
1.	Do you live within the City Limits or	f the City of Cocoa? ☐ Yes [□ No			
2.	In any civilian or military court, have any crime (irrespective of whether addiversion program? ☐ Yes ☐ N	djudication of guilt was withheld				
	Please Note: An affirmative response severity and date of the offense in explain the circumstances, including and/or entry into pretrial diversion process.	relation to the volunteer job wilg: (1) date of offense; (2) date of	Il be considered. If "yes", please conviction, guilty or no contest plea,			
3.	Have you ever been sued for damages in any civil proceeding for battery, assault, false imprisonment, of for any other type of intentional wrong? Yes No If "yes", please explain the circumstances:					
4.	Have you ever been employed by the	e City of Cocoa? ☐ Yes ☐ N	No If yes, give dates:			
5.	Are you willing to participate in a ba	ackground check? Yes No				

YOU ARE INTERESTED IN:						
PERSONAL REFERENCES references. You are responsible for p do not include relatives as references	roviding correct and comp					
Name and Occupation	Add	ress	Telephone Number			
DI EACE DEAD CADEEU	LLV DEFODE VOLUSIO	NITHE VALUET	VEED ADDITION			
PLEASE READ CAREFU						
I certify that each answer to the quest correct to the best of my knowledge basis for rejection of my volunteer information in this application and background screening will be conduinterest and I give my consent to the that cost may be my responsibility practices of the City of Cocoa Government.	e. I understand that any mapplication or discharge if to contact the references cted as it applies to the volume. In the event that make I agree to abide by and	isrepresentations of accepted. I authorize provided in my application of accepted in my application of accepted in accepted in the accepted in	f facts shall be considered as a ize the City of Cocoa to verify pplication. I understand that a it in which I have expressed arground information is required rules, regulations, policies and			
Applicant's Signature:		Date				
Return completed application to:	City of Cocoa Human Resources Division Attn: C.I.V.I.C Volunteer 65 Stone Street, Cocoa, Fl	Program	C.I.V.I.C.			

PLEASE DESCRIBE ANY RELEVANT EXPERIENCE FOR THE VOLUNTEER OPPORTUNITY