

# Volunteer Services Application

Lake County Board of County Commissioners



**Instructions:**

- Application may be completed via the computer using fillable areas, or may be printed out and completed with black or blue ink.
- All parts of the application need to be completed.
- Application must be signed and dated on the last page.
- Application may be returned to Volunteer Services by one of the following methods:
  - E-Mail – to: [VolunteerLake@lakecountyfl.gov](mailto:VolunteerLake@lakecountyfl.gov)
  - Fax - 352.343.9883
  - U.S. Mail - LCBCC, Human Resources Department, PO Box 7800, Tavares, FL 32778
  - Hand delivery - Human Resources Department, 315 W. Main St. #430, Tavares, FL 32778.
- Should you have questions, please contact 352.343.9596.

**LCBCC is an equal opportunity employer and a drug-free workplace. Persons needing accommodations in accordance with the Americans with Disabilities Act please notify the LCBCC Volunteer Program.**

1. Volunteer Position Applied For:	2. Today's Date:		
3. Type of Volunteer Service Sought (check all that apply):			
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HOURS AVAILABLE <span style="background-color: #cccccc; display: inline-block; width: 20px; height: 10px; vertical-align: middle;"></span>			
If a volunteer job requirement, you will work:                      Will you travel: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Holidays                      Date available for service: <input type="checkbox"/> Nights <input type="checkbox"/> Various Shifts <input type="checkbox"/> Other			
4. Print Name:	Last	First	Middle
Other Names by:	Last	First	Middle
	Last	First	Middle
5. E-mail Address:			
6. Current Address:			
	Number & Street Name	Apartment Number	
	City	County	State                      Zip Code
7. Mailing Address: (If different from above)			
	Number & Street Name	Apartment Number	
	City	County	State                      Zip Code
8. Personal Phone:	Area Code and Number	Business / Cell Phone:	Area Code and Number
9. Other States:	Have you lived outside the state of Florida in the last ten years? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, what state?

**10. Specific Skills (in the spaces below, please list the equipment with which you have had experience or any special skills you might have, if applicable):**

Computer Software	Years	Months	Other Equipment (please describe)	Years	Months

**11. List relevant/applicable active licenses, certificates or registrations, the registration number(s) and expiration date(s):**

**12. List any organization(s) to which you belong which you consider relevant to your ability to perform the service:**

**13. List any foreign languages that you speak:**

**WORK HISTORY (REQUIRED). Include work history for the last two (2) years, including any unpaid work experience and volunteer jobs.**

**14. Employer/Volunteer Organization:**

Business Name: \_\_\_\_\_ From: \_\_\_\_ - \_\_\_\_  Full Time  Part Time

Business Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer?  Yes  No

Your Job Title: \_\_\_\_\_

**15. Employer/Volunteer Organization:**

Business Name: \_\_\_\_\_ From: \_\_\_\_ - \_\_\_\_  Full Time  Part Time

Business Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer?  Yes  No

Your Job Title: \_\_\_\_\_

**16. Employer/Volunteer Organization:**

Business Name: \_\_\_\_\_ From: \_\_\_\_ - \_\_\_\_  Full Time  Part Time

Business Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer?  Yes  No

Your Job Title: \_\_\_\_\_

**17. Employer/Volunteer Organization:** \_\_\_\_\_ From: \_\_\_\_\_ - \_\_\_\_\_  Full Time  Part Time

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer?  Yes  No Your Job Title: \_\_\_\_\_

**MISCELLANEOUS** Answer the following questions by checking "Yes" or "No." It is imperative that you provide detailed information when requested, e.g., dates, types, etc., in Item 24.

**18. Have you had any traffic violations during the last five (5) years? OR Have you had your license suspended or revoked during the last five (5) years?**  Yes  No

If yes, please explain.

**19. Have you ever been convicted, plead guilty or no contest (Nolo Contender) to any criminal violation of law, including criminal traffic offenses? (A conviction does not automatically mean you cannot be considered. Provide all the facts.)**  Yes  No

If yes, please explain.

**20. Have you ever been discharged for any reason from any job?**  Yes  No

If yes, please explain.

**21. Have you ever been employed by Lake County Government?**  Yes  No

If yes, please indicate date(s) of employment, Department(s)/Division(s), position(s) and reason for leaving.

**22. Are any members of your family or relatives (by blood or marriage) employed by Lake County Government? If yes, indicate in Item 24 their name(s), Department(s)/Division(s), and relationship.**  Yes  No

If yes, please indicate their name(s), Department(s)/Division(s,) and relationship.

**23. Are you able to perform the essential functions of the position with or without reasonable accommodations?**  Yes  No

If no, please explain.

**24. If continuation of an answer, or additional comments, indicate item number to which answer(s) apply.**

**25. Please provide Emergency Contact information below:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER 1:** \_\_\_\_\_ **PHONE NUMBER 2:** \_\_\_\_\_

**26. Please indicate where you first learned of this opening:**

- Lake County internet website: [www.lakegovernment.com](http://www.lakegovernment.com)
- Neighborhood/Community Bulletin Board/Newsletter
- County Employee
- Newspaper or magazine, please provide name \_\_\_\_\_
- Civic Group
- School
- Friend
- Other \_\_\_\_\_

**READ THIS SECTION CAREFULLY BEFORE SIGNING THE APPLICATION FORM**

**27. Signature**

My signature below attests that I am desirous of volunteering my services for the good of Lake County by assisting and rendering services to the Lake County Board of County Commissioners, located at PO Box 7800, Tavares, Florida, 32778, and,

WHEREAS, Lake County, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, is desirous of receiving volunteer services from concerned citizens.

NOW THEREFORE, in the interest of performing these services, I fully understand and agree to the following described terms and conditions:

1. All of the services and assistance, which I may render, are strictly and entirely on a volunteer basis. I understand that I have the right to terminate my volunteer service at any time with or without cause, and that the County has the same right. Consequently, the COUNTY is neither responsible nor liable for the payment of any monetary remuneration to me for the performance of those services. I further understand and agree that I will not receive nor will the COUNTY provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, social security or retirement benefits.
2. I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.
3. Background checks (driving record and criminal) will be conducted for volunteer candidates.
4. Effective Date  
This letter, together with its terms and conditions, shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_ and shall continue in full force and effect until said services have ended and no future services are contemplated.

By my signature below, I hereby attest that I have read and fully understand the foregoing terms and conditions, that I am of sound mind, and that I have reached at least my eighteenth (18) birthday preceding the execution of this Letter of Understanding or if under eighteen (18) my parent/guardian has approved my volunteer service as evidenced by their signature below.

**VOLUNTEER:** \_\_\_\_\_  
Print Name Signature

**If under eighteen (18) years of age a parent/guardian's signature must appear below.**

\_\_\_\_\_  
Print Name of Parent/Guardian Parent/Guardian's signature

**28. Equal Opportunity Survey**

**NOTE:** The information requested in this section of the application regarding race, color, sex, age, national origin, veteran status, qualifying disability and reasonable accommodation, is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. Your participation is voluntary and important to the success of our equal employment opportunity and affirmative action programs.

**SEX:**     Male             Female

**DATE OF BIRTH:**

**Marital Status**

Married  
 Single

**Military Service - Have you ever been a member of the United States Armed Services**

Yes  
 No

**Ethnic Group**

- African/American (B)
- Caucasian (W)
- Hispanic (H)
- Asian or Pacific Islander (AS)
- American Indian or Alaskan Native (AI/AN)
- Native Hawaiian/Other Pacific Islander (NH/PI)
- Black and White (B & W)
- American Indian or Alaskan Native and White (AI/AN & W)
- American Indian or Alaskan Native and Black (AI/AN & B)
- Asian or Pacific Islander and White (AS & W)
- 2 + Races Non-Hispanic



**LAKE COUNTY**  
FLORIDA

**VOLUNTEER SERVICE  
AGREEMENT**

Lake County Board of County Commissioners thanks you for donating your time by volunteering. Working as a volunteer for Lake County is a serious endeavor. Lake County is a high performance organization with a commitment to high standards, to a specific written mission, and to providing excellence in service to the customers of Lake County Government.

As a volunteer with Lake County Board of County Commissioners, you are required to maintain the County's high standards and mission as well as agreeing to comply with all relevant policies, procedures, rules and regulations in the conduct of your activities. You are also required not engage in any conduct or pattern of behavior that would tend to disrupt, diminish, or otherwise jeopardize the public's trust in its government.

As a condition for serving as a volunteer for Lake County, you are required to read and agree to the following statements:

I understand that as a volunteer I agree to abide by and comply with all rules, regulations, policies and procedures of the Lake County Board of County Commissioners. I understand that my volunteer service with the Board of County Commissioners is at-will, that I have the right to terminate my service at any time with or without cause, and that the Board of County Commissioners has the same right. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of the Board of County Commissioners.

I hereby certify that all statements made in this application and attached resume, if included, and in any interview are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture of all rights to service with the County. I understand that for some volunteer positions the County may require a reference check, driver's license records check, credit report, and/or a criminal history check as a condition of service with the Board of County Commissioners.

I hereby release and hold harmless the Board of County Commissioners, and its agents and its affiliates, custodians of record for any school, state and federal agencies, agents, owners, law enforcement agencies, credit reporting agencies, present and/or past employers, their officers and employees that shall provide information to the Board of County Commissioners from any and all liability based on their authorized receipt, disclosure, and use of the foregoing information.

I authorize the Board of County Commissioners to provide truthful information concerning my employment with it to my future prospective employers and agree to hold it harmless for providing such information.

All of the services and assistance, which I may render, are strictly and entirely on a volunteer basis. Consequently, Lake County is neither responsible nor liable for the payment of any monetary remuneration to me for the performance of those services. I further understand and agree that I will not receive nor will Lake County provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, or social security or retirement benefits.

I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity. Additionally, I also recognize that governmental business must be compliant with Florida's Public Records Act as outlined in CHAPTER 119, FLORIDA STATUTES.

I acknowledge that I have been provided a copy of each of the following policies or procedures. I agree that I will read and comply with all of the provisions contained within these policies or procedures. I also agree that if

