City of Palm Coast
VOLUNTEER APPLICATION

City of Palm Coast
160 Cypress Point Parkway
Suite 106 B
Palm Coast, Florida 32164
Phone 386-986-3718
Fax 386-986-3719

PRINT OR TYPE ALL INFORMATION   E-mail to Volunteer@palmcoastgov.com

NAME: _____   _____ _____
　　　　　　　　　　　(Last)　　　　　　　　　　　　　　　　　(First)　　　　　　　(MI)

ADDRESS: _____ CITY _____ Zip _____

MAILING ADDRESS: _____ CITY _____ Zip _____

HOME PHONE: _____ PAGER/CELL: _____ BUSINESS PH: _____

POSITION APPLYING FOR:

☐ Recreation　　　　　☐ Clerical　　　　☐ Special Events
☐ Other (explain): _____

EDUCATION/TRAINING:

☐ High School Diploma/GED　　　　　☐ Vocational Schooling

☐ College　　☐ AS　☐ AA　☐ BS　☐ BA　☐ MA　☐ PhD　Major: _____

PREVIOUS TRAINING AND EXPERIENCE (please include any prior training, employment, community service or extracurricular activities that would pertain to your volunteer service and if you are currently volunteering with another community organization):

WHAT SPECIFIC EVENTS ARE YOU INTERESTED IN PARTICIPATING IN?

☐ Rock 'N Rib Fest　　　　☐ Seafood Fest　　　　☐ Whatever May Benefit the City

☐ Egg Hunt　　　　☐ Summer Programming

APPLICANT CERTIFICATION:

I hereby certify that I have not been convicted of a felony and that each answer to any questions herein and all other information is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge. Incorrect, incomplete or false statements or information furnished by me may subject me to disqualification or to discharge, at any time. If accepted by the City of Palm Coast, I agree to comply with all its orders, rules and regulations. I authorize release of all the information contained above and herby release the City of Palm Coast, its employees, my references, my former employers, schools and all individuals connected therewith, from all liability for any damages or injury whatsoever related to the taking of pre-membership examinations and the furnishing or use of this or related information.

I understand that I must take and pass a drug screening test and criminal background screening (as required by law).

Applicant Signature: _____ Date: _____

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