

INTERN/VOLUNTEER APPLICATION

Last Name _____, First Name _____ MI _____

Maiden/other names used _____ email _____

Street Address _____ Apt. _____ Phone () _____

City _____ State _____ Zip _____ How long at this address? _____

Occupation _____ Employer _____ Phone () _____

Emergency Contact _____ Relationship _____ Phone () _____

Education/Experience: HS/GED AA/AS BA/BS MA/MS PhD **Major(s)** _____

Other certifications/licenses/skills _____

Volunteering to satisfy Court Alternatives Comm. Service/HS/College graduation requirements? Y N Hrs. needed _____

Days/Hours available:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start Time – End Time							

VOLUNTEER OPPORTUNITIES: Volunteers can benefit us in many ways; please check items of interest.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Golf Course Operations | <input type="checkbox"/> Natural Resource Mgt. | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Aquatics Operations | <input type="checkbox"/> Environmental Mtn. | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Biological Inventory | <input type="checkbox"/> Graphics/Marketing/PR | <input type="checkbox"/> Recreation | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Carpentry (experienced) | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Recreation Centers | <input type="checkbox"/> Youth Sports _____ |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Living History Farm | <input type="checkbox"/> Seniors Programs | <input type="checkbox"/> Other _____ |

If you prefer a particular volunteer site, please check:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 29th Rd. Nature Park | <input type="checkbox"/> Flatwoods Conserv. Area | <input type="checkbox"/> MLK Multipurpose Ctr | <input type="checkbox"/> Split Rock Conserv. Area |
| <input type="checkbox"/> Alfred A. Ring Park | <input type="checkbox"/> Forest Park | <input type="checkbox"/> Morningside | <input type="checkbox"/> Springtree Park |
| <input type="checkbox"/> Bivens Arm | <input type="checkbox"/> Green Acres | <input type="checkbox"/> Northeast Comm. Ctr | <input type="checkbox"/> T.B. McPherson Ctr |
| <input type="checkbox"/> Boulware Springs | <input type="checkbox"/> Green Tree Park | <input type="checkbox"/> Northeast Pool | <input type="checkbox"/> Terwilliger Pond Conserv. Area |
| <input type="checkbox"/> Broken Arrow Bluff | <input type="checkbox"/> Gum Root | <input type="checkbox"/> Palm Point | <input type="checkbox"/> Thelma Boltin Senior Ctr. |
| <input type="checkbox"/> Clear Lake | <input type="checkbox"/> Headwaters Nature Park | <input type="checkbox"/> Porters Comm. Ctr | <input type="checkbox"/> Thomas Ctr for the Arts |
| <input type="checkbox"/> Cofrin Nature Park | <input type="checkbox"/> Ironwood Golf Course | <input type="checkbox"/> Possum Creek | <input type="checkbox"/> Westside Pool |
| <input type="checkbox"/> Colclough Pond | <input type="checkbox"/> John Mahon Nature Park | <input type="checkbox"/> Rosa B. Williams Ctr | <input type="checkbox"/> Westside Rec Ctr |
| <input type="checkbox"/> Eastside Rec Ctr | <input type="checkbox"/> Loblolly Woods | <input type="checkbox"/> San Felasco Park | <input type="checkbox"/> Other _____ |

Have you ever been convicted (plead “guilty” or “*nolo contendere*”) of a crime? Y N If yes, please fill in the table:

Date (MM/YY)	Place	Disposition of Case(s)

I understand the City of Gainesville, to protect its citizens, will conduct a routine check of my name through law enforcement agencies and license bureaus, and hereby authorize the City to do so. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. Accordingly, I authorize those parties contacted by the City to conduct the check and to cooperate by releasing information as requested to the City.

By checking this box, I hereby certify (1) I have read and agree to the above statements, and (2) all the information furnished above is true and correct.

Signature* _____ **Date** _____

*Please note, volunteer service cannot begin without your signature and subsequent background check. If you do not have a digital signature, please print this out after completing the form and sign.

For Internal Use Only

Date Received: _____ Date Acknowledged: _____ Site Supervisors Notified? Y / N Name and Date: _____
Local / National Background Check results: **Pass / Fail** Date: _____ Division Assignment and Date: _____

Please read and sign reverse side

Declaration

As an applicant for volunteerism in a positive position of trust for the City, I hereby attest that I am of good moral character and that I have not plead "Guilty" or "Nolo Contendere" to, or been found guilty by a jury or a court, of a misdemeanor involving physical violence, theft, driving under the influence of drugs, or possession or sale of drugs, or any felony described in the below-cited provisions of Florida Statutes or under similar statutes of other jurisdictions, or, pursuant to section S.39.10, F.S., or have been found to have committed a delinquent act, regardless of whether or not adjudication has been withheld and/or probation imposed.

S.782.04, F.S.	relating to murder
S.782.07, F.S.	relating to manslaughter
S.782.071, F.S.	relating to vehicular homicide
S.782.09, F.S.	relating to killing of an unborn child by injury to the mother
S.784.011, F.S.	relating to assault, if the victim of the offense was a minor
S.784.021, F.S.	relating to aggravated assault
S.784.03, F.S.	relating to battery, if the victim of the offense was a minor
S.784.045, F.S.	relating to aggravated battery
S.787.01, F.S.	relating to kidnapping
S.787.02, F.S.	relating to false imprisonment
S.787.04, F.S.	relating to removing a child from the State of concealing a minor contrary to court order
S.794.011, F.S.	relating to sexual battery
Former s.794.041, F.S.	relating to prohibited acts of persons in familial or custodial authority
Ch.796, F.S.	relating to prostitution
S.798.02, F.S.	relating to lewd and lascivious behavior
Ch.800, F.S.	relating to lewdness and indecent exposure
S.806.01, F.S.	relating to arson
S.812.13, F.S.	relating to robbery
S.826.04, F.S.	relating to incest
S.827.03, F.S.	relating to child abuse, aggravated child abuse, or neglect of a child
S.827.04, F.S.	related to contributing to the delinquency or dependency of a child
S.827.071, F.S.	relating to sex performance by a child
S.825.102, F.S.	relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult
S.825.103, F.S.	relating to exploitation of an elderly person or disabled adult, if the offense was a felony
Ch.847, F.S.	relating to obscene literature
Ch.893, F.S.	relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor

I further attest that I have not been judicially determined to have committed abuse against a child as defined in Section 39.10 (2), Florida Statutes, or to have a substantiated, indicated report of abuse as defined in chapter 415, Florida Statutes, or to have committed an act, which constitutes domestic violence as defined in Section 741.28, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

I do hereby covenant with the City of Gainesville that I will never sue nor bring any legal action or proceeding against the City of Gainesville, its officers, agents, or employees for any amount in excess of their automobile insurance coverage for or on account of any injury or damage sustained by virtue of or arising out of any volunteer activity.

By checking this box, I have read and agree to all the above statements.

Signature* _____

Date _____

*Please note, volunteer service cannot begin without your signature and subsequent background check. If you do not have a digital signature, please print this out after completing the form and sign.

To receive a printed copy of the Volunteer Application for yourself or someone who does not use/have access to a computer, please call (352) 393-8527 or (352) 316-5364

**Printed Volunteer Applications may also be picked up at:
Eastside Recreation Ctr.; Morningside Nature Ctr.; Thomas Center A;
Thomas Center B, 3rd Floor, Room 344 and Westside Recreation Center**

**Please MAIL completed applications to:
Coordinator for Volunteer Services, Station 24, Box 490, Gainesville, FL 32627,
FAX to (352) 334-3299 or e-mail to: paulga@cityofgainesville.org**

**IT STARTS IN
PARKS**
Coaching. Connecting. Community.