



Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Date of Birth	
Social Security Number	
Start Date	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I give full consent for the County to conduct investigative inquiries about me, including but not limited to criminal background checks. I understand that results from the investigation may disqualify me from volunteering with the County. As a volunteer, I agree to comply with all of Osceola County Board of County Commissioners' policies and procedures, and understand that failure to do so may result in my discharge as a volunteer. I fully recognize that this application, or any information obtained through the volunteer process, may be subject to public inspection pursuant to the Florida Public Records Act.

Signature		Date	
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