

City of New Port Richey

Volunteer Corps Application



Full name _____

Other names you have used _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate (Cell) # _____

E-mail address _____ Driver's License Number _____

Department desired _____

Type of work or position desired

Highest level of school or college completed to date _____

Languages spoken _____

Any special licenses or certifications

Knowledge, skills, training and abilities acquired to date

(Attach additional pages, if desired)

Please provide three (3) references (other than relatives). List name/phone number and their relationship to you.

1. _____

2. _____

3. _____

Previous volunteer experience

Days available for volunteer work (please circle): ☐Sun ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

Preferred hours during day: _____ to _____

Work Experience (most recent first):

List your employer's name/address/phone number, your supervisor's name and your dates of employment.

1. _____
2. _____
3. _____

Have you ever been convicted, pleaded guilty, or pleaded nolo contendere to any criminal offense?

(A "Yes" answer to the above question does not automatically preclude you from being considered. The circumstances, timeframe and relevant factors are considered on an individual basis.)

Yes ☐ No ☐ If yes, please explain (including date):

Social Security number for background/criminal history check _____

In case of an emergency, please contact:

Name: _____ Phone Number: _____

Relationship to Volunteer: _____

As an applicant for a volunteer position with the City of New Port Richey, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that may be available concerning me, including information of a confidential or privileged nature. I hereby release you, the City of New Port Richey and others from liability or damage which may result from furnishing the information requested.

I understand that for security reasons a basic background check may be conducted to determine my eligibility. I may also be required to supply my social security number, be finger printed or submit to a drug screening. I freely and voluntarily agree to submit to a drug test as part of my application when required by the City. I understand that either my refusal to submit to the drug test or my failure to qualify according to the minimum standards established by the City of New Port Richey for this screening will disqualify me for further/continued consideration for volunteering. I further understand that upon commencement of volunteering with the City of New Port Richey I may be required to submit to a drug test as a result of sustaining a post work injury requiring medical attention beyond the Fire Department's first aid treatment. I also understand that my refusal to take a requested drug test or my failure to meet the minimum standards set for the screening may result in immediate dismissal. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

As a volunteer for the City of New Port Richey, I understand that I can be dismissed without cause and without notice, and that I am not eligible for compensation or benefits for services rendered.

I have read in full and understand the above statements and conditions of volunteering.

Signature: _____

Date: _____