



# Volunteer Application

**Circle the Volunteer Area of Interest:** 1) Office/clerical 2) Special Events 3) Emergency Operations

4) Other: \_\_\_\_\_

**INSTRUCTIONS:** Careful and thorough completion of this application is an important step in the City’s consideration of individuals for volunteer assignments. Resumes are not accepted in lieu of full completion of this application. Please type your responses or legibly print in blue or black ink. Please notify the Human Resources Division if you require reasonable accommodation to complete this application.

## PERSONAL INFORMATION

\_\_\_\_\_  
 Last Name: First Name: Middle Initial:

\_\_\_\_\_  
 Street City State Zip

\_\_\_\_\_  
 Street City State Zip

Physical Address:

Mailing Address:

Phone Number: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_

Please answer the following questions by checking yes or no. If you select “yes”, please provide an explanation as appropriate. You may use a separate sheet of paper if needed.

1. Do you live within the City Limits of the City of Cocoa?  Yes  No
2. In any civilian or military court, have you ever been convicted of any crime, pled guilty or no contest to any crime (irrespective of whether adjudication of guilt was withheld), or entered into any pretrial diversion program?  Yes  No

Please Note: An affirmative response is not an absolute bar to volunteering. The nature, job-relatedness, severity and date of the offense in relation to the volunteer job will be considered. If “yes”, please explain the circumstances, including: (1) date of offense; (2) date of conviction, guilty or no contest plea, and/or entry into pretrial diversion program; (3) location; and (4) jurisdiction: \_\_\_\_\_

3. Have you ever been sued for damages in any civil proceeding for battery, assault, false imprisonment, or for any other type of intentional wrong?  Yes  No If “yes”, please explain the circumstances:

4. Have you ever been employed by the City of Cocoa?  Yes  No If yes, give dates: \_\_\_\_\_
5. Are you willing to participate in a background check?  Yes  No

<b>SPECIAL SKILLS, APTITUDES AND QUALIFICATIONS: List details of all skills, aptitudes, and qualifications relevant to the position for which you have applied.</b>		<b>EDUCATION</b>	Did You Graduate?
Typing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speed: wpm	Shorthand? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School or GED
List Computer Experience:		Speed Writing? <input type="checkbox"/> Yes <input type="checkbox"/> No	College
Office Machine You Can Operate:			Graduate School
Equipment You Can Operate:			Vocational School

**PLEASE DESCRIBE ANY RELEVANT EXPERIENCE FOR THE VOLUNTEER OPPORTUNITY YOU ARE INTERESTED IN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES** In order to complete your application, we require three (3) personal references. You are responsible for providing correct and complete information for reference verifications. Please do not include relatives as references.

Name and Occupation	Address	Telephone Number

**PLEASE READ CAREFULLY BEFORE YOU SIGN THE VOLUNTEER APPLICATION**

I certify that each answer to the questions in this application and all other information provided by me is true and correct to the best of my knowledge. I understand that any misrepresentations of facts shall be considered as a basis for rejection of my volunteer application or discharge if accepted. I authorize the City of Cocoa to verify information in this application and to contact the references provided in my application. I understand that a background screening will be conducted as it applies to the volunteer assignment in which I have expressed an interest and I give my consent to the same. In the event that more extensive background information is required, that cost may be my responsibility. I agree to abide by and comply with all rules, regulations, policies and practices of the City of Cocoa Government and with all procedures established for C.I.V.I.C. Program volunteers.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_



Return completed application to: City of Cocoa

Human Resources Division  
Attn: C.I.V.I.C Volunteer Program  
65 Stone Street, Cocoa, Florida 32922