CITY OF CAPE CANAVERAL VOLUNTEER APPLICATION

"Envision Cape Canaveral" – Your participation makes the difference!

Name: ____________________________________________

Address: ____________________________________________

Telephone No: ________________________________

E-Mail Address: ____________________________________________

City: ___________________________ Zip: ____________________________

Reason for Volunteer Interest: ____________________________________________

Community Service Volunteers please call: 321-868-1242 for work hours.

Highest Level of Education: (Please check)

High School/ GED______ Associates Degree: ________

Undergraduate Degree: ________ Graduate/ Post-Graduate Degree: ________

Other: ________

How frequently do you plan to serve? (Please check)

Daily ____ Weekly ____ Monthly ____ Yearly ____

How many hours per week will you be available? ____________________________

Please describe any current or former volunteer experience. (We will accept a Resume.)

________________________________________________________________________

________________________________________________________________________

Please check any activities you would like to participate in:

Web Site Modifications____ Reception/Telephone Assistance____
Data Entry ____ Document Scanning ____
Disaster/ Emergency Planning Activities____ Special Event Assistance____
Specialty Work ____ (i.e. carpentry, garden/ landscaping)
Please list your employment history for the past five years. If you have not been employed for the past five years, please indicate your current status.

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<th>Employer</th>
<th>Position Title</th>
<th>Telephone No.</th>
<th>Supervisor</th>
<th>Dates of Employment</th>
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Please list three references that are not related to you.

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<th>Name</th>
<th>Relationship</th>
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<th>Address/E-mail Address</th>
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Please disclose any medical limitations you may have which can affect the type of tasks you are able to perform by submitting permission from a qualified physician.

**Emergency Information.**

In a time of emergency, we may contact:

Name: __________________________ Relationship: __________________________

Telephone or Cell Phone
No.: __________________________

I do assume all risks hazards incidental to participation in this Volunteer Program with the City of Cape Canaveral including the use of City equipment and facilities and do hereby agree to waive, release, absolve and hold harmless the City, its employees, agents, and elected officials from any claim, loss or injury of any kind.

This Application is subject to the Florida Public Records Law, Chapter 119.07.

Return to:

City of Cape Canaveral  
105 Polk Avenue  
Cape Canaveral, FL 32920  
PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

TO: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S FULL NAME: ______________________________________________________________

SOCIAL SECURITY NUMBER: __________________________________________________________

DRIVERS LICENSE #: ________________________________________________________________

DATE OF BIRTH: ________________

By my signature I authorize you to furnish the City of Cape Canaveral Human Resources Department or their representative any and all information that you may have concerning my work record, school record, military record, criminal record, driving record, reputation and financial and credit status. Please include any and all medical, physical, and mental records or reports including all information of confidential or privileged nature, and Photostats of the same, if requested. This information is to be used to assist in determining my qualification and fitness for the position I am seeking with the City of Cape Canaveral.

I hereby release you, your organization or others from any liability or damage, which may result form furnishing the information requested above.

APPLICANT'S SIGNATURE __________________________ DATE __________________________

ADDRESS

CITY __________________________ STATE _______ ZIP _______

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BREVARD

Before me personally appeared __________________________, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this ______ day of ________________, 20____.
Who is personally known to me or has produced as identification the following: __________________________.

______________________________________________
Notary Public