



City of Port St. Lucie

VOLUNTEER APPLICATION

*In accordance with The Americans with Disabilities Act of 1990, the City invites disabled applicants to inform the Human Resources Office if they need any assistive device or special accommodation to compete for, or, if selected, to be employed in the position for which they have applied.

* In accordance with the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, volunteer applicants with access to children, the elderly, or individuals with disabilities will be subject to Level 2 background screening (fingerprinting through the Florida Department of Law Enforcement.)

Name: _____

Home Telephone: _____ Cell: _____

Email: _____

Home Address: _____

City, State, and Zip: _____

Previous address: _____ State: _____ Zip: _____

Have you ever been disqualified for, or dismissed from, a volunteer position within a City of Port St. Lucie Volunteer Program? Yes No

Please explain _____

Are you currently an employee of the City of Port St. Lucie? Yes No

Department _____

Volunteer History

__ Past __ Present _____

Name of Organization

Length of Service: _____

Type of Service Provide

Skills and Training

Special Skills or Training: _____

Are you fluent in a language other than English? If yes, please list language(s): _____

Why do you want to volunteer with the City of Port St. Lucie: _____

Schedule Availability

Mon. am __ Tues. am __ Weds. am __ Thurs. am __ Fri. am __ Sat. am __ Sun. am __
Mon. pm __ Tues. pm __ Weds. pm __ Thurs. pm __ Fri. pm __ Sat. pm __ Sun. pm __

Areas of Interest (Please check one or more)

Volunteer Positions: __ Clerical __ Customer Service __ Children’s Programs
 __ Hospitality __ Maintenance __ Park Ambassador
 __ Special Events __ Sports coaching
Locations: __ Civic Center __ Community Center __ City Hall
 __ Minsky Gym __ Saints Golf Course __ Various Parks

In Case Of Emergency—Please Notify

Name: _____
Address: _____
Phone #: _____
Relationship: _____

Background Information

Have you ever been convicted, pleaded nolo contendere (no contest), entered into an agreement setting forth the terms leading to the reduction or dismissal, or had adjudication withheld in a criminal offense, felony, misdemeanor or otherwise, and/or are you a defendant in a pending criminal prosecution? __ YES __ NO
If “Yes,” please describe. Please list all dates and dispositions with locations (county and state)

Note: A “YES” answer to this question will not automatically bar you from volunteering. The nature, relatedness, severity and date of the offense in relation to the volunteer opportunity are considered. The background check will include criminal records, including arrests and convictions for all offenses of any type. Failure to disclose requested information will result in withdrawal of any application for volunteering if discovered after placement commences. If you answered “NO” to the above question, based upon an expungement or sealing of a record of a conviction, it is your responsibility to verify with the applicable Court that the expungement or sealing relief was granted. Answering “NO” based upon a belief that a conviction was expunged or sealed, when in fact it was not, will be deemed failure to disclose requested information.

I agree to volunteer my services to the City of Port St. Lucie, in the position of Volunteer, where assigned. I understand my schedule will be to work as posted on a need-for coverage basis, for a total of hours needed and will be approved by and accepted by me. I will perform my duties to the best of my ability; and the directions of my supervisors; meet time commitments; and provide adequate notice so that alternate arrangements can be made in the case of my absence.

Signature

Date

121 SW Port St. Lucie Blvd. Port St. Lucie, FL 34984
(772) 871-5225

Please take our voluntary application survey