COMMUNITY VOLUNTEER APPLICATION

City of Oakland Park · Volunteer Coordinator
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The **City of Oakland Park Community Volunteer Program** provides an opportunity to assist with community improvement, special events, government functions, recreation, library, emergencies and other areas that impact the quality of life of our residents. The City of Oakland Park appreciates your interest in volunteering. Filling out this application is the first step in turning your talents and skills into positive action within the community.

Please print

Name: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone: (____) _____. -Home -Work -Mobile Secondary Phone: (____) _____. -Home -Work -Mobile

FaceBook ID: _____. Are you under the age of 18? _____ Yes _____ No

Length of time you are available: ____ indefinitely ____ 1-6 months (please specify) _____.

Preferred Volunteer Opportunities: (Check all that apply)

- ☐ Hurricane/Emergency Recovery
- ☐ Special Event Support
- ☐ Athletic Programming Coaches
- ☐ Waterway/Community/Park Cleanup
- ☐ Urban Farming
- ☐ Concession Stand
- ☐ Summer Recreation Attendants
- ☐ Library Support
- ☐ Active Adults Seminars/Programs
- ☐ Tennis Center Assistance
- ☐ Tree Giveaways
- ☐ Tree Plantings/Landscape Projects
- ☐ Computer Assistance
- ☐ Operation OUR NEIGHBOR
- ☐ Graffiti Control
- ☐ Tutoring/Homework Assistance
- ☐ Accounting
- ☐ Office/Clerical Support
- ☐ Data Entry
- ☐ Photography
- ☐ Professional Support

Please list area of specialty: _____

- ☐ Other: _____

How did you learn about the volunteer program?

- ☐ Cable TV (City Access)
- ☐ Volunteer Job Fair
- ☐ HOA notice
- ☐ Professional Group meeting
- ☐ Community Presentation
- ☐ Newspaper: _____
- ☐ City of Oakland Park Website
- ☐ AM Radio Station
- ☐ Referral
- ☐ Other: _____

Please indicate times of availability in each box below.

	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

Briefly describe relevant work and/or volunteer experience: (Attach additional sheets if needed)

_____

Educational background:

_____

Emergency contact:

Name: _____ Phone: _____

References: (Other than relatives)

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a felony? ☐ YES ☐ NO Type: _____ Year: _____

COMMUNITY VOLUNTEER

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

In order to uphold our high standard of excellence, we carefully select the volunteers who will be assisting us in the City. Therefore we will conduct a background check on select volunteers (age 18 or over) based on location of work in various city positions. This background check may include the following information:

- National Criminal File Search
- Sexual Offender/Predator Check (if you are working with children or the elderly)
- Driver's License Check (if requires driving a City vehicle)

I understand that any information obtained by a personal background investigation will be considered in determining my suitability for volunteer service by the City of Oakland Park. I understand that any misleading, incorrect or untruthful statements may render this application void, and if I am placed in a volunteer position, would be just cause for terminating my volunteer assignment with the City. I hereby release the City of Oakland Park, its authorized representatives, from all liability which may be incurred as a result of furnishing such information.

I do hereby give the City of Oakland the right to use my photograph and/or video in promotional material such as brochures, newsletters, website, slide and video presentations, etc. My signature indicates that I have read and understand the information delineated in this form.

Volunteer:

_____

Signature Date

_____

Print Name

Please complete the following:

_____ _____

Date of Birth Social Security #

Minimum volunteer age requirements are based upon individual volunteer opportunities as determined by the City. Individuals under age 18 must have parental consent to volunteer. Volunteers under the age of 15 must be accompanied by a parent or legal guardian. I am the parent or legal guardian of the applicant and hereby approve and consent to the above information and the use of my child's photograph, video, or slide to the terms mentioned above. I affirm that I have the legal right to issue such consent.

_____ _____ _____

Print parent or legal guardian name Signature Date

FOR OFFICIAL USE ONLY:

Application received: _____ Reviewed by: _____

Date Staff Name

Is this person under the age of 18? ____ Yes ____ No

Background Check completed: _____ By: _____

Date Staff Name

Application forwarded to: (Dept/Date): _____/_____ _____/_____

_____/_____ _____/_____