



CITY OF NORTH MIAMI BEACH

VOLUNTEER PROGRAM APPLICATION

INSTRUCTIONS: Please fill out this application accurately and completely. **PLEASE PRINT CLEARLY** or type all information. If an item does not apply, insert N/A (not applicable).



To accommodate your special needs, please notify Human Resources at (305) 948-2918.

Name

_____ (First) _____ (Middle) _____ (Last)

Address

_____ (Street) _____ (Apartment Number)

_____ (City) _____ (State) _____ (Zip Code)

Home Telephone No. _____ Other Telephone No. _____

In case of an emergency, please contact:

Name _____ Telephone No. _____

Tell us about yourself. List any special skills you possess, machines and equipment you can operate, licenses, certificates, hobbies, and interests that may apply to your volunteer service.

Education:

Work Experience:

Certifications, Skills, Awards & Special Recognitions:

Other Community Service/Volunteer Experience:

Hobbies & Interests:

Your Goals Of Volunteer Service:

Have you ever been employed by the City of North Miami Beach? [] YES [] NO
If yes, give dates and department. _____

Are you related to any City of North Miami Beach employee? [] YES [] NO
If yes, give name and relation: _____
(This information is requested only to avoid conflicts in supervision or assignment.)

Have you ever been convicted of any violation of the law? [] YES [] NO
If yes, state the nature of offense, disposition of case, and date. **(Do not include minor traffic offenses.)**

(A conviction does not automatically mean you cannot volunteer; however, you may be disqualified for certain positions based on Florida Law.)

Have you ever been discharged or forced to resign from any position? [] YES [] NO
If yes, give details _____

Do you have a valid Florida Driver's License? [] YES NO _____
Number _____ **Expiration Date** _____ **Date of Birth** _____

APPLICATION CERTIFICATION – READ CAREFULLY BEFORE SIGNING: By signing this document, I certify that all of the information on this entire application, including any attachments, is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this volunteer application. I understand that the City of North Miami Beach is a Drug-Free Workplace. I understand that this application is the property of the City of North Miami Beach and information contained herein is public record. I release the custodian of such records, including the City of North Miami Beach and its employees, from any liability for damages by me, my heirs, family, or associates resulting from any attempts at lawful compliance with this authorization.

Signature of Volunteer _____ Date

E-mail

THE CITY OF NORTH MIAMI BEACH REQUIRES THAT ALL VOLUNTEERS BE GIVEN A DRUG SCREEN PRIOR TO COMMENCING VOLUNTEER SERVICE. ANY VOLUNTEER TESTING POSITIVE FOR A CONTROLLED SUBSTANCE SHALL NOT BE ACCEPTED INTO THE VOLUNTEER PROGRAM.