



City of Ocala - Recreation and Parks Department
Volunteer Application

Name: _____ **Home Phone:** _____
Last First Middle Initial **Cell Phone:** _____

Address: _____
Street Apt # City/State Zip

E-Mail Address: _____ **Birth Date** _____

Emergency Contact: _____ **Phone:** _____
Name

Employer: _____ **Phone:** _____

Education: High School or GED? Yes No College Graduate? Associates Bachelors

New Volunteer Returning Volunteer (# of years served _____)

Program/General Area of Interest: _____

Check if volunteering for an athletic program: Coach Official Scorekeeper Other _____

Facility or Location You Will Volunteer at: _____

Volunteer Experience: _____

Personal References:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I understand that I will not be compensated for services provided. I understand that I am not an employee of the City of Ocala although I will abide by the rules outlined in the City of Ocala Employee Handbook. I understand that as a condition of the volunteer assignment, my signature authorizes the City of Ocala to conduct a review of my criminal history, and obtain verification of my driver's license and social security number. I certify that the information provided is true and accurate to the best of my knowledge.

Volunteer's Signature: _____ Date: _____

Parent Signature (if under age 18): _____ Date: _____

City Use Only:

Volunteer Approved to Work (Background Check Completed) Yes No

If Yes: City Supervisor's Name: _____

Job Assignment: _____

Date Approved: _____