

**MARION COUNTY BOARD OF COUNTY COMMISSIONERS
HUMAN RESOURCES DEPARTMENT
521 SE 26TH COURT
OCALA, FLORIDA 34471
352-438-2345**

Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Interviewed: _____
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VOLUNTEER APPLICATION

_____ Department

PERSONAL INFORMATION

Name (Last) (First) (Middle)	Date of Application
Street Address	Mailing Address
City, State, Zip Code	Home Telephone
Driver's License Number/Issuing State	E-mail address:

Have you previously volunteered here? Yes No Dates Volunteered (if applicable): _____
Check appropriate box.

I can volunteer _____ hours per day week month . Check appropriate box.

Days	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Time of Day	Morning	Afternoon	Late Afternoon			

In which general volunteer areas are you most interested? Clerical Customer Service Outreach

Comments: Please explain below what interests or qualifications you have as a volunteer for this position. Include any relevant skills, experience and/or education.

References:

Name: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____
 Telephone: (____) _____ Relationship: _____

Name: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____
 Telephone: (____) _____ Relationship: _____

Name: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____
 Telephone: (____) _____ Relationship: _____

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HUMAN RESOURCES DEPARTMENT**

VOLUNTEER APPLICATION

_____ Department

Emergency Contact:

Name (Last) (First) (Middle)	Relationship
Street Address	Mailing Address
City, State, Zip Code	Home Telephone
Day Phone Number	E-mail address:

Agreement:

Marion County appreciates your willingness to volunteer your services to assist the County, its patrons, and the community. In signing this form as a Volunteer you are acknowledging that your services for the County are gratuitous and are intended as a contribution by you for public service for the County, its patrons, and the community and, as such, that you will be entitled to no compensation or any fringe benefits or other employment rights applicable to the employees of the County departments. It is expressly understood that you are not an employee or agent of the County department and that we will provide you with necessary information and guidance to perform your volunteer services. For any reason whatsoever, either you or the County Department may terminate this volunteer agreement. While on the department premises you will agree to abide by all of the rules of conduct governing the staff and employees of the department in performing your services. Your signature below authorizes Marion County to conduct background checks on the information provided. It is understood that as a condition of this volunteer agreement, you will be required to take a drug test and physical examination. I certify that the information provided is true and accurate to the best of my knowledge

Signed	Date
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Applicants are conditionally offered a volunteer position based on the successful completion of a post offer physical including a drug screen test; a background investigation; a motor vehicle report (for position requiring a drivers license); reference check; and a physical agility demonstration (for positions requiring certain physical requirements). Offers may be withdrawn due to the applicant's failure to successfully complete any of the above post offer requirements.

Parent's Signature: _____ **Date:** _____

(Required if applicant is under 18 years of age.)

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Applicant Name: _____

Address: _____

By signing below, I certify that I have received a copy of the County's written notification that it may obtain a consumer report or reports on me, and I authorize the County to obtain such a report or reports for use in connection with my application for volunteer services and for other volunteer-related reasons. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor vehicle records, and investigative consumer reports. I further understand that an investigative consumer report contains information on my character, general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with my neighbors, friends, associates, or others with whom I am or have with been acquainted or who may have knowledge concerning any such information. I understand that if accepted as a volunteer, this authorization shall remain on file and shall serve as on-going authorization for Marion County to procure consumer reports at any time during my volunteer status with the County.

I authorize the County to obtain consumer reports and/or investigative consumer reports regarding me from time to time for volunteering purposes.

**NOTIFICATION TO APPLICANT THAT A CONSUMER CREDIT REPORT
MAY BE OBTAINED**

In compliance with Public Law 0991-508, the Fair Credit Reporting Act, as amended by Public Law 104-208, the Consumer Credit Reporting Reform Act, and applicable state law, this notice is to inform you that this organization may obtain a consumer report or reports in connection with your application for employment and for other volunteer service-related reasons. "Consumer reports" include, but are not limited to credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An "investigative consumer report" contains information on your character, general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with neighbors, friends, or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

If the County requests an investigative consumer report and you would like to receive a disclosure of the nature and the scope of the investigation and a written summary of consumer rights, indicate here:

Print Name: _____ Date: _____

Signature: _____

Driver License No.: _____ State: _____

Other Driver License Held in Past 5 Years: _____

SUBMITTING THE FINAL
VOLUNTEER SELECTION INFORMATION

Step 1. _____ Obtain Volunteer's date of birth and Social Security number*.

Volunteer Name

Date of Birth

Social Security Number*

Step 2. _____ Forward the Volunteer Application and this form to HR for background check, post-medical screening, and approval.

NOTE: No conditional offer to the Volunteer should be made until cleared by Human Resources. However, the Coordinator may tell the individual they are going to recommend them for the position, but this is not an official offer until approved by Human Resources.

Print Name: _____ Job Title: _____

Department: _____

Volunteer's location with the Department: _____

Signature: _____ Date: _____

***Your Social Security number is requested for the purpose of payroll eligibility verification; processing employment benefits; applicant, employee and volunteer background checks; and income reporting and will be used solely for those purposes.**