

**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.)