

FILLABLE FORM

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

Interviewed: [] Yes [] No
Date Interviewed: _____

VOLUNTEER APPLICATION

Department: _____

PERSONAL INFORMATION

Name (Last) (First) (Middle) Date of Application
Street Address Mailing Address
City, State and Zip Code Home Telephone
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 [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday

Time of day Morning Afternoon Late afternoon

In which general volunteer areas are you most interested? [] Clerical [] Customer Service [] Technical/Trades

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

[Empty box for comments]

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: _____

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

Department: _____

Emergency Contact:

Name (Last)	(First)	(Middle)	Relationship
Street Address			Mailing Address
City, State and Zip Code			Home Telephone
Daytime 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. I certify that the information provided is true and accurate to the best of my knowledge.

Signed	Date
--------	------

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 Offers may be withdrawn due to the applicant's failure to successfully complete any of the above post offer requirements.

By signing electronically, I agree that this electronic signature is as binding as a written signature.

Parent's Signature	Date
--------------------	------

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

By signing electronically, I agree that this electronic signature is as binding as a written signature.