



VOLUNTEER APPLICATION TOWN OF DAVIE

6901 Orange Drive, Davie, Florida 33314-3399
(954) 797-1145

A Town of Davie Volunteer Application must be completed for an applicant to be considered to coach or volunteer at the Town of Davie. Please answer each question. If the question does not apply, indicate N/A. If the space available is insufficient, please attach additional sheets as required. Please PRINT CLEARLY or TYPE all information. Please use ink.

- 1) Position Applied For _____
- 2) Social Security Number _____
- 3) Telephone Number _____
- 4) Last Name _____ First Name _____ Middle Name _____
- 5) Present Address _____ Street _____ City _____ State _____ Zip _____
- 6) Previous Address _____ Street _____ City _____ State _____ Zip _____
- 7) Which sport/program are you interested in volunteering for? _____

8) Under the Immigration Reform and Control Act, we are required to verify that you are legally eligible for employment in the United States. Please provide the appropriate documentation upon employment.

Appropriate documentation includes any one of the Following:

- United States Passport
- Certificate of United States Citizenship
- Certificate of Naturalization
- Resident Alien Card, provided it bears a Photograph of the bearer
- Temporary Resident Card
- Employment Authorization Card

If the aforementioned are not available, appropriate documentation may consist of the following:

- Social Security Card*
- Original or certified copy of a Birth Certificate*
- Unexpired INS Employment Authorization*
- Certification of Birth Abroad issued by the Department of State*
- United States Citizen Identification Card*

*Must be accompanied by a document that establishes identity, such as a picture-bearing driver's license, a picture-bearing state issued identification card or school identification card, voter's registration card, United States Military card or draft record. **Documents other than those listed may be accepted, please inquire.**

9) Education (attach a copy of diploma, G.E.D., certificate or degree)

A) Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

High school diploma Yes No If yes, date received: _____

Equivalency-G.E.D. Yes No If yes, date received: _____

Name/City/State of last school attended: _____

B) List Special Training (Business Technical, Vocational, Armed Forces School, etc.)

Name and Location of Vocational School, Training Center, etc.	From MO/YR	To MO/YR	Course(s) or Subject(s) Taken	Certificate(s) Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C) List Colleges and Universities Attended

Name and Location of College or University	From MO/YR	To MO/YR	Credit Hours	Program of Study	Degree	Date Received
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

D) List any experience, skills, or qualifications which you feel should be considered:

E) List any special qualifications not covered elsewhere (i.e. membership in professional or technical associations, licenses or certificates held or certified membership in any trade or profession):

10) **Employment Record:** Begin with your present or most recent employment and work back. List all jobs held in the last ten years. If more space is necessary, please attach additional sheets. Be specific when describing job duties. Please do not include volunteer work.

May we contact your present employer regarding your record of employment? Yes No

A) **Present Employer** _____

From MO/YR To MO/YR

_____ _____ Address City/State/Zip _____ Telephone Number _____

Hours Per Week: _____ Position Title: _____

Starting Salary: _____ Supervisor's Name: _____

Ending Salary: _____ Reason for Leaving: _____

Specific Duties: _____

15) **In case of emergency, please notify:**

Name _____ Relationship (if any) _____

Phone Number _____ Cell Phone _____ Work Number _____

Address _____ City _____ State _____ Zip _____

CERTIFICATION AND AUTHORIZATION

I understand that misrepresentation or omission of pertinent facts called for may be cause for dismissal if I am employed. I authorize the Town of Davie to make inquiries into my personal, educational or employment history as may be necessary to reach any employment decision and I consent to the release of information from past employers and other individuals concerning my qualifications for employment. I further understand that, if hired, there is a probationary period and I can be terminated at any time during the period.

Signature _____ Date _____

A Guardian's signature is required if applicant is a minor under 21 years of age

The Town of Davie hereby discloses that social security numbers will be used for billing purposes, payroll eligibility verification, applicant employee background checks, and to enable other health care providers and insurers to identify and manage your records. No other use of social security numbers is authorized. This written statement is in compliance with Florida Statutes, Section 119.071(5)(a)2.a.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
USER SERVICES BUREAU
CRIMINAL HISTORY RECORD CHECK WAIVER AGREEMENT AND STATEMENT
NATIONAL CHILD PROTECTION ACT OF 1993, AS AMENDED

Pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes, this form must be completed and signed by current and prospective employees and volunteers for whom criminal history records are being requested.

I hereby authorize _____ (Name of Qualified Entity) to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee or volunteer.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity)

(Year of Request)

I ___ have or ___ have not been convicted of a crime. If convicted, please describe the crime and the particulars of the conviction in the space below. _____

I ___ do or ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective ___ employee or ___ volunteer.

Signature: _____ Date: _____

Print Name: _____

Address: _____

Date of Birth: _____

To be completed by Qualified Entity:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____ e-mail: _____

FDLE Assigned Qualified Entity Number: _____