



CITY OF LAKE WALES Volunteer Application

To assist in audit and maintenance of volunteer files, please provide the following information.

Name: _____

Department to Volunteer: _____

Birthdate: _____ SocSec#: _____

Start Date: _____ Department: _____

Marital Status: _____ Home Phone: _____

Home Address: _____

Mailing Address: _____

Email: _____

Driver's License

Number _____ State: _____ Expires: _____

Restricted: _____ Y _____ N Valid? _____ Y _____ N Type? _____ Reg. _____ Chauff.

Spouse

Name: _____

Birthdate: _____ Soc Sec#: _____

Mailing (If Different): _____

Emergency Contact

Name: _____

Home Address: _____

Relationship: _____ Home and Work Phone#: _____

Employment:

Current Employers Name: _____ Telephone Number: _____

Street Address _____ City and State _____

NOTE: PURSUANT TO SEC.110.07(310) F.S. HOME ADDRESS, PHONE NUMBER, AND INFORMATION ON SPOUSE AND CHILDREN ARE CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORD REQUIREMENTS IF EMPLOYEE IS CURRENTLY OR WAS A LAW ENFORCEMENT OFFICER, FIREFIGHTER OR CODE

ENFORCEMENT OFFICER HUMAN RESOURCES EMPLOYEE OR SPOUSE OF LAW ENFORCEMENT OFFICER,
FIREFIGHTER, CODE ENFORCEMENT OFFICER OR HUMAN RESOURCES EMPLOYEE.

ELIGIBLE FOR RECORDS CONFIDENTIALLY: _____Y _____N

THE INFORMATION SHOWN ABOVE IS CORRECT. I WILL NOTIFY THE HUMAN RESOURCES DEPARTMENT
IF ANY CHANGES OCCUR SO THAT THE ACCURACY OF MY RECORDS WILL BE MAINTAINED.

Volunteer Signature

Date

VOLUNTEER HOLD HARMLESS AGREEMENT

I, _____ agree to hold the City (City of Lake Wales) and its agents, officials and
employees harmless from any claims by me, my family, estate, heirs or assigns arising out of my volunteer service to
City.

I further agree that I will hold harmless, indemnify and defend the City and its agents, officials and employees
from any damage to persons or property, resulting from any negligence and/or intentional acts on my part.

I assume the responsibility of mental and physical fitness to perform the work that is assigned me by the City. If I
do not feel that I am capable of performing the work assigned me I assume the responsibility of informing the City of that
fact.

I am of lawful age and legally competent to sign this Agreement and I understand the terms and have signed this
document as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT
BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO
WHICH I MAY BE ENTITLED.

Signature of Volunteer

Date



VOLUNTEER INFORMATION FORM

How did you hear about us?

- Friend or coworker
 Advertisement
 Teacher
 Other: _____

EDUCATION (Circle last year completed):

- High School 1 2 3 4 School: _____
 College 1 2 3 4 School: _____ Major: _____
 Graduate 1 2 3 4 School: _____ Major: _____

VOLUNTEER HISTORY:

Have you ever volunteered? Yes No If so, where and what did you do?

AVAILABILITY:

Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

VOLUNTEER INTERESTS (Select all that best match your skills, interests, and availability) and/or use the additional space to tell us about your interests:

- Education
 Front Desk
 Collections
 Docent (tour guide)
 Marketing
 Maintenance
 Special Events
 Exhibits