

CORAL GABLES

THE CITY BEAUTIFUL

Volunteer Application

COMPLETE APPLICATION - PRINT LEGIBLY IN INK OR TYPE DO NOT LEAVE ANY BLANKS. PLEASE INDICATE "N/A" ON ALL AREAS NOT APPLICABLE. UPON SUBMISSION PLEASE INCLUDE AN UPDATED RESUME AND COPY OF PHOTO ID. APPLICATION MUST BE SUBMITTED VIA EMAIL OR DELIVERED TO THE HUMAN RESOURCES DEPARTMENT AT 2801 SALZEDO STREET, 2ND FLOOR, CORAL GABLES, FL. 33134. OFFICE HOURS: 8:00 A.M. TO 4:30 P.M., MONDAY THROUGH FRIDAY, EXCLUDING OBSERVED HOLIDAYS.

APPLICANT INFORMATION

Department desired: (One Per Application)

City Commission	Human Resources
City Manager	Information Technology
City Attorney	Development
City Clerk	Economic Development
Finance	Fire
Labor Relations &	Police
Risk Management	Parking
Historic Resources &	Public Works
Cultural Arts	Community Recreation

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

First Name: _____ Middle Name: _____ Last Name: _____ Date of Birth: _____

Present Address (Street Number & Apt./Unit/ PO Box): _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cellular Phone: _____ Other Phone: _____ E-Mail Address: _____

Have you interned for the City of Coral Gables before? No Yes
If yes, please list:

Date (Month/Year)	Departments

DRIVER'S LICENSE INFORMATION

Driver's License Number: _____ State Issued: _____ Date Issued: _____ Expiration Date: _____

Has your Driver's License ever been suspended or revoked? No Yes If yes, explain: _____

CONVICTION RECORD

Have you ever been convicted or had adjudication withheld in a criminal offense other than a minor traffic violation; entered a plea of nolo contendere (no contest), pled guilty or been found guilty of a felony or a misdemeanor, including any instances where the conviction, plea of nolo contendere, guilty plea or adjudication of guilt has been expunged from your record; or are there any criminal charges now pending against you? No Yes

If yes, list the date, place and disposition of each listed case and/or indicate whether it is open/pending (attach additional sheet if needed).

Date (Month/Year)	City/County	Disposition of case(s)

SKILLS / LICENSES / CERTIFICATIONS

Special Skills: _____

Other training, volunteering, or relevant experience: _____

EDUCATION

Are you a High School Graduate: No Yes Name of High School Attended: _____ Name of College/University/Vocational School Attended: _____

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____ Relationship: _____

Address (Street Number & Apt./Unit/ PO Box): _____ City: _____ State: _____ Phone Number: _____ Alternative Number: _____

CONSENT TO RELEASE CONFIDENTIAL RECORDS AND INFORMATION

As a person volunteering services with the City of Coral Gables, I hereby consent to a routine background investigation conducted by the City. In connection with this investigation, I consent to the release of any and all records and information concerning me, to the City upon the City's request.

This consent includes the release of all records and information concerning me to the full extent permitted by law, including the release of all confidential records and information that may not be released without my prior written consent.

I understand that such records and information may include, but are not necessarily limited to: reasons for termination of employment, including military service; or any other personal information which may not otherwise be obtained without my prior written consent.

If volunteer is a minor, I am the consenting parent/legal guardian and my signature below indicates my consent.

(PRINT NAME)

(SIGNATURE)

(DATE)

ACKNOWLEDGEMENT

I hereby certify that all the statements made by me on this application and on any documents I have submitted are true, accurate and complete to the best of my knowledge. I understand that all information and documents are subject to investigation and that exaggeration, falsification, misrepresentation, or omission is sufficient cause for disqualification, immediate dismissal from the City service and/or disqualification from applying for any position in the service of the City of Coral Gables. If volunteer is a minor, I am the consenting parent/legal guardian and I have reviewed and consent to the child's participation in this program and attest that the information provided is correct.

I fully understand and acknowledge the City is under no obligation to accept all interested volunteers.

I understand that all volunteers are required to successfully complete any or all of the following before placement in any intern or volunteer position: (A) Fingerprinting (B) Background Investigation. Depending on the nature of the internship or volunteer assignment and in accordance with federal, state, and local requirements, interns may be subject to drug screening and/or reference checks in addition to the criminal history check.

I understand and acknowledge that my volunteering is contingent upon my successfully completing the background screening and that once I have been cleared; I will be contacted with the day and time that my intern/volunteer assignment commences.

I understand that in compliance with Florida Statutes 119.071(5), the City of Coral Gables collects and uses Social Security numbers for completing applicant's background screening.

I understand and acknowledge that the City of Coral Gables does not discriminate on the basis of race, color, religion, ancestry, national origin, gender, sex, pregnancy, age, disability, marital status, familial status, sexual orientation, retaliation, or genetic information. All interns and volunteers are required to undergo background screening prior to beginning the internship or volunteer assignment. The City of Coral Gables is a Drug-Free Workplace.

I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources Department. If I cannot be contacted, I may forfeit my eligibility for interning or volunteering.

(PRINT NAME)

(SIGNATURE)

(DATE)

FOR HR USE ONLY:

CONFIRMED, This INTERN has been accepted by the _____ Department.

START DATE: _____.

(HR REP. PRINT NAME)

(SIGNATURE)

(DATE)