



# VOLUNTEER APPLICATION

Department interested in volunteering with:

PLEASE PRINT OR TYPE AND USE DARK INK. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

## VOLUNTEER INFORMATION

NAME (LAST, FIRST, MIDDLE)		NAME CALLED BY	DATE APPLICATION COMPLETED
STREET ADDRESS		YRS. AT THIS ADDRESS	DRIVER'S LICENSE # / STATE
MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE ( ) ( )	BUSINESS PHONE ( ) ( )	EMAIL ADDRESS:	
HAVE YOU BEEN EMPLOYED PREVIOUSLY BY POLK COUNTY?	YES NO	IF YES, WHEN AND WHAT POSITION	
ARE YOU 18 YEARS OF AGE OR OVER?	YES NO		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING DISHONESTY OR FRAUD?	YES NO	IF YES, PLEASE EXPLAIN	
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?	YES NO	IF YES, PLEASE EXPLAIN	
RELATIVES OR ACQUAINTANCES EMPLOYED BY POLK COUNTY	NAME	RELATIONSHIP	DEPARTMENT

## EDUCATION

CIRCLE HIGHEST YEAR EDUCATION COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

GRADUATE FROM HIGH SCHOOL?  YES  NO GED?  YES  NO

NAME AND LOCATION OF HIGH SCHOOL: \_\_\_\_\_

SCHOOLS ATTENDED AFTER HIGH SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR SUBJECTS STUDIED	CHECK LAST YEAR COMPLETED	NO. OF CREDIT HRS. COMPLETED		GRADUATE? YES / NO	DEGREE REC. (TYPE)
				QTR	SEM		
COLLEGE			_1--_2--_3--_4				
COLLEGE			_1--_2--_3--_4				
OTHER			_1--_2--_3--_4				

ADDITIONAL COURSES OR GRADUATE STUDIES

## EMPLOYMENT / VOLUNTEER HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, THOROUGHLY DESCRIBE YOUR WORK EXPERIENCE. LIST EACH JOB SEPARATELY, INCLUDING PAID, UNPAID, AND/OR MILITARY EXPERIENCE.

EMPLOYER	ADDRESS	FROM _____ (MONTH) (YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	TO _____ (MONTH) (YEAR)
DUTIES (BE SPECIFIC)		TOTAL TIME _____ (YEARS) (MONTHS)
		HOURS/WEEK
		PAID _____ UNPAID
MAY WE CONTACT?	REASON FOR LEAVING	START SALARY _____ (MONTH)
YES NO		LAST SALARY _____ (MONTH)
EMPLOYER	ADDRESS	FROM _____ (MONTH) (YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	TO _____ (MONTH) (YEAR)
DUTIES (BE SPECIFIC)		TOTAL TIME _____ (YEARS) (MONTHS)
		HOURS/WEEK
		PAID _____ UNPAID
MAY WE CONTACT?	REASON FOR LEAVING	START SALARY _____ (MONTH)
__ YES __ NO		LAST SALARY _____ (MONTH)
EMPLOYER	ADDRESS	FROM _____ (MONTH) (YEAR)
YOUR TITLE	SUPERVISOR'S NAME AND TELEPHONE NUMBER	TO _____ (MONTH) (YEAR)
DUTIES (BE SPECIFIC)		TOTAL TIME _____ (YEARS) (MONTHS)
		HOURS/WEEK
		PAID _____ UNPAID
MAY WE CONTACT?	REASON FOR LEAVING	START SALARY _____ (MONTH)
YES NO		LAST SALARY _____ (MONTH)

**Please state in writing why you are volunteering for this particular position and what interests you about this field of employment?**


<b>EMERGENCY CONTACT</b>	
<b>NAME AND RELATIONSHIP</b>	<b>PHONE THEY CAN BE REACHED AT</b>

By my signature below,

- (1) I certify that all answers and statements on this application to be true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers or omissions, my application may be rejected, my name removed from consideration.
- (2) I hereby authorize Polk County to obtain information from my former employers and others in determining my qualifications and suitability to fill the position I seek, including information of a confidential or privileged nature. I release Polk County from liability that may result from obtaining the information requested for the purpose specified herein. This release will expire one year after the date it is signed.
- (3) I understand and agree that Polk County may obtain a criminal history background and a driving record check.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Note: Unsigned applications will not be processed.*