



*Life's Just Better Here*

## VOLUNTEER APPLICATION

City of Wilton Manors  
2020 Wilton Drive  
Wilton Manors, FL 33305  
954-390-2100  
www.wiltonmanors.com

**The City of Wilton Manors Volunteer Program is an outlet for residents, business owners and city constituents to positively impact the quality of life of their community through community improvement, special events and government functions. We thank you for your interest!**

Please type or print clearly. Do not use pencil. Complete applications must be submitted by the applicant directly to the City Clerk's Office, 2020 Wilton Drive, Wilton Manors, Florida, 33305 or to [Cityclerk@wiltonmanors.com](mailto:Cityclerk@wiltonmanors.com). Applications must be complete at the time they are submitted. Please answer each question or insert "N/A" if the question is not applicable.

In accordance with the provisions of the Americans with Disabilities Act, please notify the City Manager's Office at 954-390-2120 in advance if you require special accommodations to participate in this application process.

Date: \_\_\_\_\_

Volunteer's Last Name: \_\_\_\_\_

Volunteer's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*(Do not use a post office box.)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the best way to contact you?  Home Phone  Cell Phone  Email  Other: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
*(Pursuant to section 119.071 (5) 2.a. Florida Statutes, the City of Wilton Manors requests your social security number for the purpose of conducting various background checks. Your social security number will be used solely for these purposes.)*

Date of Birth: \_\_\_\_\_  
*(Applicants must be at least 14 years of age at the time of application.)*

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Highest Level of Education (please check one of the following):

High School/GED  Associate's Degree  Undergraduate Degree  Graduate/Postgraduate Degree  Other

Degree: \_\_\_\_\_

Please list all previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered for the City of Wilton Manors?  yes  no If you answered "yes", please provide the following information:

When did you volunteer? \_\_\_\_\_

What was your volunteer position? \_\_\_\_\_

How long were you a City volunteer? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**Preferred Volunteer Opportunities (Check all that apply):**

<input type="checkbox"/> Hurricane/Emergency Recovery	<input type="checkbox"/> Tree giveaways
<input type="checkbox"/> Special Event Support	<input type="checkbox"/> Computer Assistance
<input type="checkbox"/> Waterway/Community/Park cleanup	<input type="checkbox"/> Neighbor Helping Neighbor
<input type="checkbox"/> Library Support	<input type="checkbox"/> Office/Clerical Support
<input type="checkbox"/> Active Adults Seminars/Programs	<input type="checkbox"/> Photography
<input type="checkbox"/> Tennis Center Assistance	<input type="checkbox"/> Professional Support
<input type="checkbox"/> Computer/Information Technology	<input type="checkbox"/> Welcome Center
<input type="checkbox"/> Tree Plantings/Landscape Projects	<input type="checkbox"/> Please list Area of Specialty or other:
<input type="checkbox"/> Senior Citizen Assistance	_____

**Please indicate times of availability in each box below:**

	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

How frequently would you like to serve?

Daily  Weekly  Monthly  Ongoing

How many hours per day, week, or month are you available? \_\_\_\_\_

Have you been convicted of a felony in the last fifteen (15) years?  yes  no

If so, have your rights been fully restored?  yes  no

If you have been convicted of a felony in the last fifteen (15) years and your rights have NOT been fully restored, please explain.

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By signing this application, I hereby acknowledge my interest in serving as a volunteer for the City of Wilton Manors. I hereby certify that all statements in this application are true and complete, and that unless this application is complete in detail, it will not be considered. I understand that any falsification, misrepresentation or omission of information by me shall serve as a basis for disqualification from consideration.

All applicants shall be subject to a criminal background check. I hereby give my consent to the City of Wilton Manors to investigate and verify any information provided on this application form and I consent to have background checks, criminal history checks, obtain consumer reports from a consumer reporting agency and any other necessary investigation undertaken to determine my suitability to serve as volunteer for the City. I hereby agree that should I be selected as a volunteer for the City, I will indemnify and hold the City of Wilton Manors, its elected or appointed officials, employees, agents, representatives and volunteers harmless from and against any and all claims, demands, lawsuits, settlements, damages, costs and expenses, including attorneys' fees, suffered or incurred by the City or arising out of or in any way connected to my service as a volunteer.

Further, should I be selected as a volunteer for the City, I agree to conduct myself professionally, honestly and in a manner that reflects credit upon the City. I further certify that I will not use my position as a volunteer for personal gain nor will I disclose any information that I learn as a volunteer that may be confidential or not available to the general public.

I do hereby give the City of Wilton Manors the right to use my photograph and/or video in promotional material such as brochures, newsletters, website, slide and video presentations, etc.

**Volunteer:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Minimum volunteer age requirements** are based upon individual volunteer opportunities as determined by the City. Individuals under age 18 must have parental consent to volunteer. Volunteers under the age of 15 must be accompanied by a parent or legal guardian. I am the parent or legal guardian of the applicant and hereby approve and consent to the above information and the use of my child's photograph, video, or slide to the terms mentioned above. I affirm that I have the legal right to issue such consent.

**Parent/legal guardian:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**For Official Use Only:**

Application rec'd: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Is this person under the age of 18?: \_\_\_yes\_\_\_no  
Background Check completed on: \_\_\_\_\_ By: \_\_\_\_\_  
Application forwarded to (Dept/Date): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_