



ST. LUCIE COUNTY VOLUNTEER PROGRAM APPLICATION FORM

Department Requesting Volunteer _____

Ext# _____

Name: _____ Phone: _____

Address: _____

Social Security No.: _____ Employer: _____

Date of Birth: _____ **Are you under 18 years of age? Yes ___ No ___

Department/Division for which you wish to volunteer: _____

Have you ever been convicted of or pled guilty, no contest or nolo contendere to a crime?

Yes ___ No ___ If yes, give details:

Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? Yes ___ No ___

If yes, give details:

In case of emergency, please contact:

Name: _____ Phone: _____

Medical Allergies: _____

Special Medications: _____

APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on the application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection. I also understand and agree that any such false, incomplete or misleading information discovered on this application at any time after I am placed may result in my dismissal.

I understand that my service in a volunteer position is at the discretion of the Board and can be terminated with or without cause or notice at any time at the option of the County or myself.

I certify that I have read, understand and agree with the above.

Volunteer's Signature: _____ Date: _____

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Print your Name: _____

Street Address: _____

City: State: Zip: _____

Social Security Number: _____

Drivers License State: License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ **Race:** _____ **Gender (M or F):** _____

Other or Former Names: _____

Professional License: _____ **State:** _____ **Type:** _____ **Number:** _____

Signature: _____ **Date:** _____



**ST. LUCIE COUNTY VOLUNTEER PROGRAM
(MINOR CONSENT FORM)**

Full Name of Parent/Guardian/Legal Custodian: _____

Address: _____

Telephone No.: (Home) _____ (Work) _____

Full Name of Minor: _____

Address of Minor: _____

I, _____, give permission for _____
(Parent/Guardian/Legal Custodian) (Name of Minor)
to participate as a volunteer in the St. Lucie County Volunteer Program. I further consent that St. Lucie County, its applicable Department or Division, will obtain necessary emergency medical treatment and/or transportation for the minor child in the event of accident, injury or sudden illness while said minor is engaged in a St. Lucie County Volunteer Program activity.

Medical Information & Disclosure:

Said minor has the following special medical conditions, including allergies:

Said minor currently takes the following medications (Prescriptions or otherwise):

Physician's name, address and telephone number:

Date of last DPT or Tetanus shot: _____

Insurance Coverage by: _____

Signature of Parent/Guardian/Legal Custodian

Date: _____