

Circle the Volunteer Area of Interest: 1) Office/clerical 2) Special Events 3) Emergency Operations	
4) Other:	

<u>INSTRUCTIONS</u>: Careful and thorough completion of this application is an important step in the City's consideration of individuals for volunteer assignments. Resumes are not accepted in lieu of full completion of this application. Please type your responses or legibly print in blue or black ink. Please notify the Human Resources Division if you require reasonable accommodation to complete this application.

Last]	Name:	First Name:	Middle Initial:		
	Street	City	State	Zip	
	Street	City	State	Zip	
Physi	cal Address:				
Maili	ng Address:				
Phon	e Number:	Driver's License Number:			
	e answer the following questions b propriate. You may use a separate s	y checking yes or no. If you select "yes" sheet of paper if needed.	', please provide an	explanation	
1.	Do you live within the City Limi	its of the City of Cocoa? \(\subseteq \text{Yes} \subseteq \text{N}	lo		
2.	In any civilian or military court, have you ever been convicted of any crime, pled guilty or no contest to any crime (irrespective of whether adjudication of guilt was withheld), or entered into any pretrial diversion program? Yes No				
	severity and date of the offense in the circumstances, including: (1)	ponse is not an absolute bar to voluntee in relation to the volunteer job will be co date of offense; (2) date of conviction ram; (3) location; and (4) jurisdiction:	nsidered. If "yes",	please explain	
3.	Have you ever been sued for dan	nages in any civil proceeding for battery	, assault, false impi	risonment, or	

for any other type of intentional wrong? \square Yes \square No If "yes", please explain the circumstances:

4.	Have you ever been employed by the City of Cocoa? ☐ Yes ☐ No If yes, give dates:
5.	Are you willing to participate in a background check? ☐ Yes ☐ No

SPECIAL SKILLS, APTITUDES details of all skills, aptitudes, and qualifications releva		EDUCATIO N	Did You Gradua te?
	wpm Shorthand? [] Yes [] No	High School or GED	
List Computer Experience:	Speed Writing? [] Yes [] No	College	
Office Machine You Can Operate:		Graduate School	
Equipment You Can Operate:		Vocational School	
PLEASE DESCRIBE ANY RELEVA YOU ARE INTERESTED IN:		LUNTEER OPPORT	UNITY
PERSONAL REFERENCES In or You are responsible for providing corn include relatives as references.			
Name and Occupation	Address	Telephone 1	Number
PLEASE READ CAREFULL	Y BEFORE YOU SIGN THE VOL	UNTEER APPLICA	TION
I certify that each answer to the question correct to the best of my knowledge. I ur for rejection of my volunteer application in this application and to background screening will be conducted interest and I give my consent to the sat that cost may be my responsibility. I agree of the City of Cocoa Government and we	iderstand that any misrepresentations of tion or discharge if accepted. I authorized the references provided in a d as it applies to the volunteer assignme. In the event that more extensive ee to abide by and comply with all rules	of facts shall be considerable facts shall be considerable for the City of Company application. I understand in which I have background informations, regulations, policies	ered as a basicoca to verificate erstand that expressed a con is required and practices and practices.
Applicant's Signature:	Da	te	
C.I.V.I.C			

Return completed application to: City of Cocoa

Human Resources Division Attn: C.I.V.I.C Volunteer Program 65 Stone Street, Cocoa, Florida 32922