



**CITY OF TAMARAC VOLUNTEER APPLICATION**  
Thank you for your interest in volunteering with the City of Tamarac.

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you over the age of 18: \_\_\_ Yes \_\_\_ No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT**

Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

**EDUCATION**

High School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

College(s) Attended \_\_\_\_\_ City/State: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_ Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

**VOLUNTEER AREAS OF INTEREST/EXPERIENCE**

\_\_\_ Coaching \_\_\_ Arts/Crafts \_\_\_ Fitness \_\_\_ Clerical \_\_\_ Social Services \_\_\_ Youth Programs  
\_\_\_ Adult/Senior Programs \_\_\_ Education \_\_\_ Health & Wellness \_\_\_ Other \_\_\_\_\_ |

Areas of Experience/Certifications: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list the names of three (3) references who know you well and can evaluate your qualifications. Please DO NOT list any relatives.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

**Note: Once approved, a City of Tamarac Waiver of Liability will be required.**

### Criminal Background Information

To ensure a safe environment for program participants, the City of Tamarac requires that all volunteers undergo a criminal background screening. Completion of a Volunteer Waiver of Confidential Records form and/or a Consumer Reporting Disclosure and Authorization form is required for consideration as a City of Tamarac Volunteer. For those volunteers engaged in activities that have direct interaction with vulnerable populations, a Level 2 fingerprint screening will be conducted pursuant to §435.04, Florida Statutes.

**Please complete the following information:**

Since your 18th birthday, have you been ARRESTED for ANY violation(s) of the law other than minor traffic offenses, or pled NOLO CONTENDERE (No Contest) to criminal charges, even if adjudication was withheld?

Yes \_\_\_ No \_\_\_ If yes, please provide:

Nature of Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Disposition: \_\_\_\_\_ Date of Disposition: \_\_\_\_\_

Name & Location of Court: \_\_\_\_\_

*If additional space is needed, please attach a separate sheet of paper.*

**Note:** Answering Yes to the above does not automatically disqualify you from a volunteer assignment.

**Applicant Certification – Read Carefully Before Signing**

I hereby certify that I have a sincere interest in obtaining a volunteer assignment with the City of Tamarac, and that the answers to questions herein and all other information otherwise furnished are true and correct. I understand that any incorrect, incomplete or false statement of information furnished may subject me to disqualification or termination of a volunteer assignment at any time. I further understand and agree that if any of the information provided changes during my volunteer assignment, I will inform the City of Tamarac immediately, and that the City reserves the right to conduct a background screening at any time as it deems necessary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian signature (if applicant is under the age of 18)

**ALL DETERMINATIONS REGARDING VOLUNTEERS MADE BY THE CITY OF TAMARAC ARE FINAL**