



VOLUNTEER APPLICATION

VIPS VOLUNTEERS IN PUBLIC SERVICE

City of Lake Worth

7 North Dixie Highway, Lake Worth, FL 33460

Phone: 561-586-1730 - Fax: 561-586-1750

PLEASE PRINT

Mr./Ms. First and Last Name _____ Email Address _____

Home Address _____ City _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Are you a student?	Yes	No	If yes, are you under 18?	Yes	No
What school do you attend?					

Days / Times you are available to volunteer:

DAYS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	From:____ To:____						
PM	From:____ To:____						

Skills (Please check all that apply)

Computer Skills		Special Events	
Phones		Languages	
Clerical - Filing		Scanning	
Greeter		Writing	

Departments / Locations of Interest

Library		Parking - Beach Area	
Reception		Golf Course	

BRIEFLY DESCRIBE RELEVANT WORK AND/OR VOLUNTEER EXPERIENCE: _____

EDUCATIONAL BACKGROUND: _____

EMERGENCY CONTACT	
Name:	Phone:

REFERENCES (OTHER THAN RELATIVES)	
Name:	Phone:
Name:	Phone:

*****A VALID/CURRENT FLORIDA ISSUED ID IS REQUIRED TO BECOME A VOLUNTEER WITH THE CITY OF LAKE WORTH*****

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ___ No ___ Type: _____ Year: _____

APPLICANT'S SIGNATURE: _____ Date: _____

PARENT'S SIGNATURE (if under 18): _____ Date: _____

FOR OFFICE USE ONLY	
Interviewed by:	Orientation Completed:
Mandatory Drug Testing / Background Check Completed:	Volunteer Start Date:
Badge Issued:	Department Assigned to: