



City of Pompano Beach Volunteer Interest

Name: _____ Date _____

Home Address: _____ Home Phone: _____

City & Zip Code: _____ Business Phone: _____

What kinds of Volunteer work are you most interested in at this time? _____

Special skills, training, interests or hobbies: _____

Volunteer History: _____

Social Security # _____ required (used for Federal Background check only)

What are your goals for volunteer work now? _____

Are you presently employed? Yes ___ No ___ If yes, hours per week: ___ Employer: _____

Time you have to volunteer Hours per week _____ Days available: M T W Th F Sa Su (circle any you want)

Duration of commitment from (day/mo/yr). _____ to (day/mo/yr). _____ Social Security # _____

Drivers' License Number: _____ Exp. Date: _____

Are you willing to drive your car in the course of volunteering? Yes ___ No ___

Please check one Senior ___ (over age 55) Teen ___ (14-17) PreTeen ___ (11-14) Family ___ (parent and children) Adult ___

Birth Day and Month (optional) Month ___ Day ___

Education: High School Diploma/GED ___ College ___ Degree Obtained: _____

Name of person to notify in case of emergency: _____

Work Phone: _____ Home Phone: _____ Relationship: _____

How did you hear about our program? _____

Are you willing to be contacted as a disaster volunteer in the event of a disaster? ___ Yes ___ No

Have you ever been convicted of a misdemeanor or a felony? ___ Yes ___ No

If "yes", please explain:

Volunteer's Signature

Today's Date

Please return to:

City of Pompano Beach, Volunteer Coordinator, Room 124 at City Hall, Pompano Beach, Florida 33060 with a copy of your Driver's License attached.