

# VOLUNTEER APPLICATION

**City of Dunedin - Library**  
223 Douglas Ave.  
Dunedin, FL 34698



www.dunedingov.com  
dunedinlibrary@dunedinfl.net  
Phone: 727-298-3080  
Fax: 727-298-3488

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names by which you have been known: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone Number

**Driver's License Number Required:** \_\_\_\_\_

(Background checks will be completed on all volunteers)

Have you ever been arrested/charged/convicted for a violation of any law, police regulation or ordinance? Yes  No

If yes, describe the incident(s), include date, charge, location, disposition and court. Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service. \_\_\_\_\_

Are you a permanent year-round resident? Yes  No

Special skills, training and interests: \_\_\_\_\_

Describe any current or former volunteer experience(s): \_\_\_\_\_

What type of volunteer work are you interested in?: \_\_\_\_\_

Check all that apply: \_\_\_\_\_ Coaching \_\_\_\_\_ Tutoring \_\_\_\_\_ One-Day Special Events  
\_\_\_\_\_ Short-Term Projects \_\_\_\_\_ Long-Term Commitment \_\_\_\_\_ On-Call As-Needed Assignments  
\_\_\_\_\_ Volunteer Response Team (Additional application required)

Do you prefer to work with a specific age group? \_\_\_\_\_ Youth \_\_\_\_\_ Adults \_\_\_\_\_ Seniors \_\_\_\_\_ Others

Please circle the day(s) you are available to volunteer:  
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Circle one or more: Morning Afternoon Evening

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE READ AND SIGN BACK OF FORM

Signature of Parent/Legal Guardian: \_\_\_\_\_

Thank you for your interest in volunteering with the City of Dunedin.

Received by staff: \_\_\_\_\_ Department: \_\_\_\_\_

Please send original to Volunteer Services and keep a copy for your department. Thank you.

## Authority for Release of Information and Personal Inquiry Waiver

TO: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Record

FROM: City of Dunedin, Department of Human Resources & Risk/Safety

Please **print clearly** in black ink

Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(Please attach copy of Driver's License/State Issued ID)**

Position Applied For: \_\_\_\_\_

THIS FORM WILL BE KEPT IN A FILE SEPARATE FROM THE EMPLOYMENT APPLICATION.  
**Information on this form is only used to facilitate the background check.**

I authorize the City of Dunedin to perform a background investigation to assist the City in determining my suitability for the position I am seeking.

I respectfully request and authorize you to furnish the City of Dunedin and its representatives all information that you may have concerning my employment records, school records (to include copies of transcripts), character, reputation, military records, criminal history records, and driver's license (where applicable). This information is to be used to assist the City of Dunedin in determining my qualifications and fitness for the position I am seeking with the City. If offered employment conditionally, I authorize the release of medical history records and claim history records.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

*The City of Dunedin, Florida is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, national origin, sex, age, disability, marital status, religious creed, sexual orientation, political affiliation, Veteran Status (Except if eligible for Veterans' Preference).*