



# Charlotte County Board of County Commissioners Volunteer Application Form

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All fields are required to be filled out accurately prior to becoming a Charlotte County volunteer.  
Incomplete applications will not be processed.

**Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name of person to contact in case of an emergency:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Numbers to call: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Information about your education:** (Please fill in based on your current level of education.)

I have completed: \_\_\_ High School \_\_\_ Some College \_\_\_ College

If you lived outside of Florida in the last five years, where? \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

If "Yes", please explain: \_\_\_\_\_

Driver's License or I.D. No. \_\_\_\_\_ State: \_\_\_\_\_

DL Endorsement(s) \_\_\_\_\_ Date Expires: \_\_\_\_\_

**Information about your volunteer interests:**

Describe why are you interested in volunteering with Charlotte County (add pages if needed).

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**Information about your interests/skills/experience and availability:**

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**Please list your current and/or previous volunteer roles with location (if any):**

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Please circle the most appropriate day(s) and shift(s) that you would be available to volunteer:

**Mornings:** Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

**Afternoons:** Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

**Evenings:** Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

**How many hours per week/day are you willing to volunteer?** \_\_\_\_\_

**References:**

Print the names, mailing addresses, and phone number of three people we may contact (**excluding relatives and roommates**) who have known you for more than two years. Local references preferred.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

**Volunteer Privacy Information and Release Authorization**

**Please read the following carefully:**

***Application information***

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

***References***

I understand that Charlotte County requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

***Background investigation***

I understand that, in consideration of my application, a background investigation may be conducted. I understand this investigation will include, but is not limited to, a criminal background check in the files of any federal, State or local justice agency, performance of medical examinations, drug screening or reference verification. I understand that I have a continuing obligation to disclose any charges and convictions during my volunteer service.

I authorize Charlotte County to conduct the background investigation and release Charlotte County from responsibility for the investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer service with Charlotte County Government.

I have read and understand the above and by my signature consent to these statements.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application to Human Resources Department via  
fax 941-743-1254 or email to [Michele.Fitzgerald@CharlotteCountyFL.gov](mailto:Michele.Fitzgerald@CharlotteCountyFL.gov)**