



PINELLAS COUNTY VOLUNTEER APPLICATION FORM

Volunteer ID Number

PLEASE PRINT OR TYPE

E-Mail: _____

Name: _____ Home Phone: _____
Last First Middle

Address: _____
Street Apt. # City/State Zip

Emergency Contact: _____
Name Address Phone

Employer: _____ Phone: _____

Education: High school or equivalent: Yes No

College: _____
Name Degree Year Graduated

New Volunteer _____ Returning County Volunteer _____ Years Served _____

Volunteer Experience: _____

What department(s) are you interested in volunteering with? Animal Services _____ County Extension _____
Environmental Management _____ Heritage Village _____ Parks _____ Other _____

What would you like to gain from your volunteer experience? _____

Day(s)/Times Available (circle day(s)/note times: S/ _____ M/ _____ T/ _____ W/ _____ T/ _____ F/ _____ S/ _____

Have you ever been employed as a Police Officer, Fire Fighter, Code Enforcement Officer, or worked in Human Resources Management? If so please provide details. _____

Have you ever been convicted or had adjudication withheld in a criminal offense, or are there any criminal charges now pending against you? Yes No

Volunteer's Signature: _____ Date: _____

Mail to: Pinellas County
Employment & Volunteer Services
400 S Ft Harrison Ave Rm 121
Clearwater FL 33756

Revised July 2008
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