

City of Jacksonville
Military Affairs, Veterans & Disabled Services Division

Volunteer Application

Application for membership as a parking specialist
(Please Print Clearly)

Name:

(LAST)

(FIRST)

(MI)

Street:

Home Phone:

City:

State:

Zip:

Cell Phone:

Work Phone:

Ext:

School /

Employer:

E-Mail:

Would you like to be added to our email distribution list regarding services for persons with disabilities?

Yes ? No ?

Birthdate (dd/mm/yr)

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Education:

High School/Equivalent:

No

Yes

School:

College Degree:

No

Yes

College:

Major:

Driver's License or State ID # :

State:

Personal References:

List two persons not related to you who have definite knowledge of your qualifications.

(1) Name:

Address:

City/State/Zip:

Telephone:

Occupation:

(2) Name:

Address:

City/State/Zip:

Telephone:

Occupation:

In case of an emergency please contact:

Name:		Home Phone:	
Relationship:		Street Address:	
Work Phone:		City/State/Zip:	

Are there any medical problems or issues of which we should be aware in the event of an emergency? If so, please list them below:

Previous Volunteer or Work Experience:

Name of Organization _____ Contact Name _____ Phone Number: _____
Location: _____ From (Date) _____ To (Date) _____

Name of Organization _____ Contact Name _____ Phone Number: _____
Location: _____ From (Date) _____ To (Date) _____

Have you ever pleaded "nolo contendere" to or been convicted or found guilty of a first degree misdemeanor or a felony?

No Yes

If yes, please give date, nature of offense and disposition.

Fingerprinting and background screening will be performed on all applicants

It is mandatory, everyone must attach a medical statement from your Doctor declaring that participation as a Volunteer Parking Specialist will not adversely affect your health.

I verify that all information given in this application is true to the best of my ability. I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a City of Jacksonville volunteer or for termination after appointment.

Signature

Printed Name

Date

The City of Jacksonville encourages persons with disabilities to participate in its programs and activities. Requests for an accommodation should be submitted to the Disabled Services office within a reasonable amount of time by contacting 904-630-4940 (phone), 904-630-4933 (TTY) or kmetz@coj.net (email).

Please submit completed application no by mail or fax to:

Disabled Services Fax: 904-630-3476
117 West Duval Street Ste 205
Jacksonville, FL 32202