

City of Jacksonville

Disabled Services Division

Volunteer Application

Application for membership as a Auxiliary Parking Enforcement Officer

(Please Print Clearly)

Name: _____
(Last) (First) (Middle)

Street: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Ext: _____

School/
Employer: _____ Email: _____

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

Yes: _____ No: _____

Birthdate (dd/mm/yr) _____

Education:

Highschool/Equivalent: _____ Y/N School: _____

College Degree: _____ Y/N 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: _____

(1) Name: _____ Address: _____

City/State/Zip: _____

Telephone: _____ Occupation: _____

In case of an emergency please contact:

Name: _____ Home Phone: _____

Relationship: _____ Street Address: _____

Workphone: _____ City/State/Zip: _____

Are there any medical problems or issues of which we should be aware of in the event of an emergency?

If so, please list them below:

City of Jacksonville

Previous Volunteer or Work Experience:

Name of _____ Contact: _____ Phone: _____
Organization: _____ From: _____ To: _____

Name of _____ Contact: _____ Phone: _____
Organization: _____ From: _____ To: _____

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

Yes: _____ No: _____

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

Fingerprinting and background screening will be performed on all applicants

It is mandatory that everyone must attach a medical statement from your doctor declaring that participation as a Auxiliary Parking Officer 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:

Kevin McDaniel

904-630-4940 (Phone)

904-630-4933 (TTY)

klmcdan@coj.net

Please submit completed application by mail or fax to:

Disabled Services

Fax: 904-630-3476

117 West Duval Street Ste 205

Jacksonville, FL 32202

City of Jacksonville
Questionnaire for Auxiliary Officers

Candidate Name: _____

Date: _____

How did you find out about this volunteer opportunity?

Why are you interested in this type of volunteering?

What are your expectations for this class?

What are your expectations for this program?

Give us an example of a challenging situation or conflict scenario you have had to overcome:

What is your availability for training and writing tickets?

Preferred method of contact?

Is there anything else you'd like to add?

Office Use:	Sent for Background Screening	Yes _____	No _____
	Results of Background Screening:	_____	
	Notes:	_____	
	Accepted:	Yes _____	No _____
	Notified:	Date _____	Notes _____

Please email this form to DisabledServices@coj.net or fax to DSD

Fax: 904-630-3476
Phone: 904-630-4906

Or submit your form online: