



## CITY OF LAKE WALES Volunteer Application

To assist in audit and maintenance of volunteer files, please provide the following information.

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

Department to Volunteer \_\_\_\_\_

Birthdate: \_\_\_\_\_ SocSec#: \_\_\_\_\_

Start Date: \_\_\_\_\_ Department: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Driver's License

Number \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Restricted: \_\_\_\_\_ Y \_\_\_\_\_ N Valid? \_\_\_\_\_ Y \_\_\_\_\_ N Type? \_\_\_\_\_ Reg. \_\_\_\_\_ Chauff.

### Spouse

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

Birthdate: \_\_\_\_\_ Soc Sec#: \_\_\_\_\_

Mailing (If Different): \_\_\_\_\_

### Emergency Contact

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

Home Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home and Work Phone#: \_\_\_\_\_

### **Employment:**

Current Employers Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City and State \_\_\_\_\_

NOTE: PURSUANT TO SEC.110.07(310) F.S. HOME ADDRESS, PHONE NUMBER, AND INFORMATION ON SPOUSE AND CHILDREN ARE CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORD REQUIREMENTS IF EMPLOYEE IS CURRENTLY OR WAS A LAW ENFORCEMENT OFFICER, FIREFIGHTER OR CODE ENFORCEMENT OFFICER HUMAN RESOURCES EMPLOYEE OR SPOUSE OF LAW ENFORCEMENT OFFICER, FIREFIGHTER, CODE ENFORCEMENT OFFICER OR HUMAN RESOURCES EMPLOYEE.

ELIGIBLE FOR RECORDS CONFIDENTIALLY: \_\_\_\_\_Y \_\_\_\_\_N

THE INFORMATION SHOWN ABOVE IS CORRECT. I WILL NOTIFY THE HUMAN RESOURCES DEPARTMENT IF ANY CHANGES OCCUR SO THAT THE ACCURACY OF MY RECORDS WILL BE MAINTAINED.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**VOLUNTEER HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_ agree to hold the City (City of Lake Wales) and its agents, officials and employees harmless from any claims by me, my family, estate, heirs or assigns arising out of my volunteer service to City.

I further agree that I will hold harmless, indemnify and defend the City and its agents, officials and employees from any damage to persons or property, resulting from any negligence and/or intentional acts on my part.

I assume the responsibility of mental and physical fitness to perform the work that is assigned me by the City. If I do not feel that I am capable of performing the work assigned me I assume the responsibility of informing the City of that fact.

I am of lawful age and legally competent to sign this Agreement and I understand the terms and have signed this document as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO WHICH I MAY BE ENTITLED.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

# LAKE WALES MUSEUM

## VOLUNTEER INFORMATION FORM

How did you hear about us?

- Friend or coworker     
  Advertisement     
  Teacher  
 Other: \_\_\_\_\_

EDUCATION (Circle last year completed):

- High School    1 2 3 4      School: \_\_\_\_\_  
 College        1 2 3 4      School: \_\_\_\_\_      Major: \_\_\_\_\_  
 Graduate      1 2 3 4      School: \_\_\_\_\_      Major: \_\_\_\_\_

VOLUNTEER HISTORY:

Have you ever volunteered?    Yes    No   If so, where and what did you do?

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AVAILABILITY:

Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

VOLUNTEER INTERESTS (Select all that best match your skills, interests, and availability):

- Education     
  Front Desk     
  Collections     
  Docent (tour guide)  
 Marketing     
  Maintenance     
  Special Events     
  Exhibits

*Select all that best match your skills, interests, and availability:*