



# BOARD OF COUNTY COMMISSIONERS

DIVISION OF PARKS AND RECREATION

P O Box 1390

Lecanto FL 34460-1390

(352)527-7677

(352)527-7676 fax

**INSTRUCTIONS:** This application must be filled out accurately. **PLEASE PRINT CLEARLY** or type all information. If an item does not apply, insert N/A (not applicable).

**Volunteer Position Applying For:**

**Date of Application:**

Last Name:

First name:

Middle Initial

Maiden name:

**Addresses: Please list your mailing as well as physical address if different:**

Street Number and Name

City:

State:

Zip Code:

Home Phone:

Business Phone:

Alternate Phone:

Please answer the following questions:

1 What is your reason for wanting to volunteer? \_\_\_\_\_

\_\_\_\_\_

2 What is it about this position that is of interest to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 What experience do you have that will assist you with this position? \_\_\_\_\_

\_\_\_\_\_

4 What days and times will best fit your schedule? \_\_\_\_\_

\_\_\_\_\_

5 List any active, professional, technical, occupational licenses or certificates you now hold:

\_\_\_\_\_

\_\_\_\_\_

References: List 3 unrelated personal references.

Name	Address	Phone Number

Have you ever been convicted of, pled nolo contendere, pled guilty or had adjudication of guilt withheld to a crime, which is a first degree misdemeanor or felony, other than a minor traffic offense?

Yes       No

If yes, state the court, nature of the offense, disposition of the case and date: \_\_\_\_\_

\_\_\_\_\_

**APPLICANT CERTIFICATION - READ CAREFULLY BEFORE SIGNING:** I hereby certify that each answer to each question herein and all other information furnished is true and correct. I understand that any incorrect, incomplete or false statements or further information furnished by me may subject me to discharge from Citrus County Parks and Recreation at any time.

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

Signature of Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

