

Town of Kenneth City Town Hall – Volunteer Application

Instructions: Please type or print clearly. Answer all questions. If a question does not apply, indicate it is not applicable (N/A). An application that is incomplete or contains false statements may result in the loss of a volunteer opportunity.

A background check will be conducted on volunteer applicants, to include, criminal history, driving record, and employment.

Submit your application via email to cookK@kennethcityfl.org or directly to us at:
Town Hall, 6000 54th Avenue North, Kenneth City, FL 33709

If you have any questions regarding the application or application process, call us at (727) 498-8948.

Personal Information

TODAY'S DATE: _____ Name: _____

Address: _____

Driver's License Number and State of issue: _____

Date of birth: _____ Gender: _____ US CITIZEN: _____

Telephone numbers: Home _____ mobile _____

Email address: _____

Are you currently employed? ____ If yes, where and dates employed: _____

If no, please list your previous two places of employment:

1. _____

2. _____

What days are you available to volunteer? (Please circle) M T W Th F Sat

What hours are you available? _____

Are you affiliated with any organizations, clubs or charities? Please specify:

Do you have any hobbies or interests? Please specify:

PERSONAL REFERENCES

Do not include family members.

Name: _____ - _____

Email address _____ Phone number: _____

How is this person known to you: _____

Name: _____ - _____

Email address _____ Phone number: _____

How is this person known to you: _____

BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged?

Please circle: YES NO

Have you ever received a Dishonorable or an Undesirable Discharge from the US Military?

Please circle: YES NO

Within the last twelve months have you possessed or used any illegal drug or influenced, persuaded or attempted to influence or persuade another person to use illegal drugs?

Please circle: YES NO

If you answered YES to any of the questions in this section, please provide an explanation below, including dates:

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I hereby certify that the answers provided on this application are true and complete to the best of my knowledge. You are hereby authorized to make any investigations of my personal history, criminal history, or background.

Applicant Signature

Date