



City of Delray Beach Volunteer Application

Last Name	First	Middle Initial	Nickname, if preferred
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Street Address

City	State	Zip Code
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Permanent Resident Seasonal Resident

Email Address	Date of Birth
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Home Telephone #	Work Telephone #	Cellular Telephone#
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Driver's License # / State

Emergency Contact Name	Relationship	Telephone #
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Highest Level of Education (Please check)

High School/GED Associates Degree Undergraduate Degree
 Graduate/Post-Graduate Degree Other _____

Days and times you are available to volunteer

(Please check all days and times that are convenient for you to volunteer. We understand that this may depend on the type of assignment and season.)

No preference
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 mornings mornings mornings mornings mornings mornings mornings
 afternoons afternoons afternoons afternoons afternoons afternoons afternoons
 evenings evenings evenings evenings evenings evenings evenings

How frequently you would like to serve:

Daily Weekly Monthly Yearly Ongoing

If, you'd like to volunteer daily, weekly or ongoing, how many hours per week are you available?

How did you learn of our Volunteer Program?

Newspaper Brochure/Flyer Internet Friend

Please turn page for continuation of application.

Please describe any current or former volunteer experience.

Please list employment and volunteer history for the past five years. Please indicate if you have not been employed or volunteered for the past five years.

Present Employer	Position Title	Phone Number	Supervisor Name/Title	Dates of Employment
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Please list three references of adults unrelated to you.

Name	Relationship	Phone Number	Address/Email Address
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Waiver & Release of All Claims

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, charge/charges, heirs, executors and administrators, waive and release any and all rights and claims for damages which I/we may have against the City of Delray Beach, their representatives, successors and employees for any injuries I/we may suffer in connection with my/our participation in this program.

At various times, the City of Delray Beach videotapes and photographs events to be submitted to the local media. By entering in the City of Delray Beach Program, I/we hereby authorize the City of Delray Beach to reproduce, copy, exhibit, publish, broadcast or distribute any and all such tapes or photographs.

I have read the above, and understand the rules and regulations for the City of Delray Beach Program that have been made available to me.

Signature

Date