



# Volunteer/Internship Application

Personnel Department • 10770 W. Oakland Park Blvd Sunrise, FL 33351 • (954) 838-4522

Thank you for your interest. Please visit our website at [www.sunrisefl.gov](http://www.sunrisefl.gov) for more information on Volunteer/Internship opportunities with the City of Sunrise. Please submit your application to the Personnel Department.

## VOLUNTEER POSITIONS

Please list the volunteer position(s) you are interested in: (Select from the [Citizen Volunteer Corps Service List](#) on our website or enter "unknown" and we will do our best to place you based on your Volunteer Interest Survey responses)

1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:
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## CONTACT INFORMATION

Name:	<input type="checkbox"/> Day Time Phone:	<b>Please check the box to indicate your contact preference.</b>
Home Address:	<input type="checkbox"/> Evening Phone:	
	<input type="checkbox"/> Email:	

## VOLUNTEER INTEREST SURVEY

How did you hear about our volunteer program?  Website  City Staff  Event  Volunteer  Other

Are you looking to complete Court Ordered Service Hours?  Yes  No

Are you looking to fulfill a school requirement or will you receive school credit for your service?  No  Yes

Name of school: \_\_\_\_\_ Hours needed: \_\_\_\_\_ Deadline to Complete Hours: \_\_\_\_\_

Hobbies, Special Skills or Interests (ie. fluent in foreign language, computer programming, scrapbooking etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Current or Previous Volunteer Work:  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of volunteer work desired:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently enrolled in the [President's Volunteer Service Awards Program](#)?  Yes  No  
 (The President's Volunteer Service Award is an initiative of the [Corporation for National and Community Service](#) and is administered by the [Points of Light Institute](#). The City is an Official Certifying Organization. You may count qualified volunteer hours towards PVSA.)

Check all program area(s) you may be interested in volunteering in? <input type="checkbox"/> Aquatics <input type="checkbox"/> Arts & Craft Instruction <input type="checkbox"/> Board or Committee Member <input type="checkbox"/> Bookkeeping/Accounting <input type="checkbox"/> Clerical/Data Entry & Filing <input type="checkbox"/> Coaching or Officiating Athletics <input type="checkbox"/> Computer Assistance <input type="checkbox"/> Disaster/Emergency Activities <input type="checkbox"/> Guest Speaker/Workshop Presenter <input type="checkbox"/> Health/Wellness & Fitness <input type="checkbox"/> Public Speaking/ Outreach <input type="checkbox"/> Receptionist/Telephone <input type="checkbox"/> Senior Programs <input type="checkbox"/> Special Event Assistance <input type="checkbox"/> Theater Usher <input type="checkbox"/> Other:		Check all groups you prefer working with: <input type="checkbox"/> ANY GROUP - No special preference <input type="checkbox"/> I prefer to work with staff only <input type="checkbox"/> Older Adults/Seniors <input type="checkbox"/> Adults <input type="checkbox"/> Young Adults (18 – 30) <input type="checkbox"/> High School aged (14 – 17) <input type="checkbox"/> Youth (8 - 13) <input type="checkbox"/> Children (7 and under)
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## AVAILABILITY

Please specify your days/ hours of availability. i.e. 1 pm-5 pm or select "anytime"	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime	<input type="checkbox"/> anytime



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## BACKGROUND

Are you currently employed by the City of Sunrise in any capacity? (including P/T, seasonal, contract)  NO  YES

Have you ever been employed by the City of Sunrise?  NO  YES

Are you related to any City of Sunrise Employee?  NO  YES - If yes, list name & relation: \_\_\_\_\_

Have you ever volunteered with the City of Sunrise?  NO  YES - If yes, please list department and dates below:

Have you ever been convicted of any criminal offense, pleaded guilty or nolo contendere, or been found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended?

NO  YES - If yes, please give the following information:

DATE	CHARGE	LOCATION	CURRENT STATUS

Are criminal charges currently pending against you?  NO  YES -If yes, please supply details:

## WORK EXPERIENCE - List most recent first

(1) Employer/Company:	Address:
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Supervisor:	Phone:	<b>START</b>		<b>END</b>	
Your Job Title:		<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>
Duties:					
		Check box if this is your current employer <input type="checkbox"/> or provide reason for leaving:			

(2) Employer/Company:	Address:
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Supervisor:	Phone:	<b>START</b>		<b>END</b>	
Your Job Title:		<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>
Duties:					
		Check box if this is your current employer <input type="checkbox"/> or provide reason for leaving:			

Please list any special experience, knowledge or skills you have, that may be helpful to the City. (ie. fluent in foreign language, computer programming etc.):

## REFERENCES - Please list 2 references other than family members

(1) Name:	Phone:
How do they know you?:	How long have they known you?:
(2) Name:	Phone:
How do they know you?:	How long have they known you?:



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## IDENTIFYING DATA FOR BACKGROUND CHECK

*Social Security Number: _____	**Date of Birth: _____
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\*Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants, and other City program Volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

\*\* Date of Birth is being requested in order to ensure accurate retrieval of records.

## CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

The undersigned does hereby request permission to participate in the Sunrise Volunteer/Internship Program. I understand that I must comply with all orders and instructions given by personnel in authority.

I hereby certify the information contained in this **Volunteer/Internship** application to be true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection or dismissal.

I expressly agree and acknowledge that my participation in any volunteer/internship activity with the City is as a volunteer and not as an employee of the City of Sunrise and that I understand and agree that I shall not accrue nor shall I be entitled to any City employee benefits or other incidents of employment by virtue of this agreement.

I hereby give permission to the City of Sunrise to use and display any photographs taken of me, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of Sunrise.

As an applicant for a **Volunteer/Internship** position with the City of Sunrise, I hereby authorize inquiries regarding my past employment and volunteer record including, but not limited to, attendance, job performance, disciplinary records and reason for termination. I authorize the use of any information in this application to verify my statements and I authorize the past employers all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment/volunteer record. I release all such persons from any liability or damages on account of having furnished such information. I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. You may contact me as indicated below, should there be any question as to the validity of this release.

Print Name \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT/GUARDIAN SIGNATURE REQUIRED IF APPLICANT IS A MINOR (UNDER 18 YEARS OF AGE)**

Print Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Thank you for your interest!

Please return this completed Volunteer/Internship Application to:

City of Sunrise Personnel Department - City Hall 1<sup>st</sup> Floor - 10770 W. Oakland Park Blvd Sunrise, FL 33351