

Paula S. O'Neil
Clerk & Comptroller

VOLUNTEER SERVICE REQUEST

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

TYPE OF WORK DESIRED: _____

I will be available for volunteer service on: _____

How many hours do you desire per week? _____

Preferred Days: M T W TH F

Preferred Hours: _____ _____ _____ _____ _____

Desired Work Location: Dade City New Port Richey

Highest Level of Education: _____

EXPERIENCE

CURRENT/LAST ASSIGNMENT	
Company/Organization Name	
Duties	
Department	
Supervisor	Phone:

Have you ever been employed by this office? _____ If yes, please give the dates of employment, the position(s) held and your name while employed (if different from present name): _____

Are you related to anyone presently employed by the Clerk & Comptroller? If so, give name and relationship.

Will you require special accommodation in the workplace? _____

PERSONAL REFERENCES

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

I understand that I am being considered for employment in a voluntary capacity by the Office of the Clerk & Comptroller and acknowledge that I am ineligible to participate in any fringe benefit programs except those statutorily required. I further understand that I work at the pleasure of the Clerk & Comptroller.

A reference check will be completed on each individual prior to acceptance for voluntary service and I hereby authorize said persons to provide the Clerk & Comptroller with any information they deem pertinent regarding my suitability for voluntary duty.

Signature

Date

INVENTORY OF VOLUNTARY-RELATED SKILLS

NAME: _____ DATE: _____

CLERICAL SKILLS:
OFFICE EQUIPMENT:
EXPERIENCE:

HOBBIES & INTERESTS: _____

CURRENT CERTIFICATES OR LICENSES: _____

MISCELLANEOUS: _____
