



CITY OF PALM BEACH GARDENS

Fire Rescue Department

4425 Burns Road – Palm Beach Gardens, FL 33410

VOLUNTEER PROGRAM APPLICATION

Name: _____ Date: _____
Last First Middle

Address: _____

Home Phone: _____ Cell Phone: _____

Are you at least 18 years of age? ____ Yes ____ No

Do you have a valid driver's license? ____ Yes ____ No

Volunteer Position Desired:

Please list relevant experience, skills, training, etc. which qualifies you for the position(s) indicated above:

Availability: Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

How did you hear about this volunteer program?

Have you volunteered for the City of Palm Beach Gardens before? Yes ____ No ____

If so, what department and when?

Have you used any illegal drugs in the past 5 years? Yes_____ No_____

Have you ever been convicted of a criminal offense, had adjudication of a crime withheld, or pled nolo contendere to a felony or first degree misdemeanor, or any criminal offense involving dishonesty or breach of trust? Yes_____ No_____

If YES: List where the conviction occurred, the date of the conviction, and describe the charges.

Please list three references:

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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In case of emergency, person to contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

I have received the outline statement of duties and the information above is true and complete. I understand this is not a contract of employment. I also understand that statements found to be false shall result in disqualification or discharge. I understand that a criminal history and background check is conducted on all volunteer applicants.

(Signature of prospective Volunteer)

Date

**RETURN COMPLETED FORM TO LIEUTENANT REID –
TELEPHONE # 799.4309**