



**TOWN OF LANTANA**  
**VOLUNTEER APPLICATION**  
500 Greynolds Circle Lantana, FL 33462

**INSTRUCTIONS:** Submit the original application only. Please print the application and **ANSWER ALL QUESTIONS.** If a question does not apply, write "Not Applicable" or "N/A". You may include a resume or other related documentation as a supplement to this volunteer application.

Date of Application: \_\_\_\_\_ Volunteering For: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

**WORK HISTORY:** Please list all volunteer and/or paid work experience starting with the most recent position.

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: (\_\_\_\_) \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Position Title & Duties: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: (\_\_\_\_) \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Position Title & Duties: \_\_\_\_\_

**OTHER EXPERIENCE:** Please list other experience that you feel may be important to the City upon consideration of your application for volunteer service.

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

**EDUCATION:**

**Did You Graduate?**

High School: \_\_\_\_\_

Yes  No

Location: \_\_\_\_\_

College/University: \_\_\_\_\_

Yes  No

Location: \_\_\_\_\_

Other Training/Education:

\_\_\_\_\_

Yes  No

\_\_\_\_\_

Yes  No

**DRIVER'S LICENSE:**

State of Issuance: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**BACKGROUND INFORMATION:**

Have you ever been convicted of a felony or first-degree misdemeanor, pled "Nolo Contendere," or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes  No  . If yes, please give dates, city and state, charges, and disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCE: (Do not include relatives or former employees.)**

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**I hereby certify that all answers given by me on this volunteer application are true to the best of my knowledge.**

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

# TOWN OF LANTANA

Human Resources  
500 Greynolds Circle  
Lantana, FL 33462

## PARENTAL Authorization for Release of Information

**(THIS FORM MUST BE COMPLETED FOR ANYONE UNDER THE AGE OF 18)**

TO: Authorized Representative of any Organization, Institution or Repository of Records

APPLICANT'S/VOLUNTEER'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

I respectfully request and authorize you to furnish any and all information and records that you may have to the TOWN OF LANTANA. This information will be used to assist the TOWN OF LANTANA in conducting a background investigation to determine my child's qualifications for the position for which he/she is applying.

I hereby release you, your organization, the Town of Lantana or others from any liability or damage which may result from furnishing the information requested above.

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

### AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, who said that he/ she executed

The above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Public Signature: \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

**TOWN OF LANTANA**  
**Human Resources**  
**500 Greynolds Circle**  
**Lantana, FL 33462**

**Authorization for Release of Information**

TO: Authorized Representative of any Organization, Institution or Repository of Records

VOLUNTEER'S FULL NAME: \_\_\_\_\_

I respectfully request and authorize you to furnish any and all information and records that you may have to the TOWN OF LANTANA. This information will be used to assist the TOWN OF LANTANA in conducting a background investigation to determine my child's qualifications for the position for which he/she is applying.

I hereby release you, your organization, the Town of Lantana or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, who said that he/ she executed  
The above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. He/she is personally known to me or has  
produced \_\_\_\_\_ as identification.

Notary Public Signature: \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

**TOWN OF LANTANA**



**PRE-EMPLOYMENT AGREEMENT  
EMPLOYMENT INQUIRY RELEASE**

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking employment with the Town of Lantana, will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, credit reports, education records, former and current employers, and personal references. I hereby authorize the Town of Lantana to obtain any information in your files pertaining to any past or present employment, credit, or educational records, including, but not limited to, academic achievement, the product of any and/or all background, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records. Additionally, I authorize the Town of Lantana to conduct a credit, criminal, and driving record inquiry. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the Town of Lantana. Consent is further granted for the Town of Lantana to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Other Prior Names/Aliases \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT (where applicable)**

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name \_\_\_\_\_ (print name)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_