

LCVC

LEE COUNTY VOLUNTEER CORPS VOLUNTEER APPLICATION

PERSONAL INFORMATION		
Last Name	First Name	(middle initial)
Address		
City	State	Zip Code
Date of Birth	Email	
Home Phone	Cell Phone	
ADDITIONAL INFORMATION		
Emergency Contact Name	Relationship	
Address		
Phone	Alternate	
Previous Volunteer Experience – what were your duties?		
Organization	Dates of service	
Drivers License		
Reason for volunteering		

AGENCY INTEREST	
Division of Interest (circle all applicable):	
Medical Distribution	Damage Assessment
Weather Spotting	Sand Bagging
	Administrative
Other _____	
PROFESSIONAL LICENSES	
License	Number and State of Issue
License	Number and State of Issue
SKILLS & QUALIFICATIONS & APPLICABLE TRAINING	
LEGAL	
Have you ever been convicted of any felony or misdemeanor other than minor traffic violations?	
If yes, provide details	

Applicant Statement

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if my answers are found to be untruthful, my application may be rejected, or if I am already a member of the Lee County Health Department, any falsifications or misrepresentations on this application may be grounds for dismissal from the membership. I also certify that I am 18 years of age or older, and am a legal United States citizen.

I understand that the Lee County Health Department performs criminal background checks, personal reference checks, and driving record checks on applicants prior to acceptance of membership, and I release the information contained in this application authorizing the Lee County Health Department to proceed with and receive information from the background check, and that all such information collected during the check will be kept confidential.

I further understand that I do not have to agree to these background checks, but refusal to do so may exclude me from consideration for some types of volunteer positions.

Signature of Applicant

Date