



City of Keystone Heights

555 South Lawrence Blvd
Keystone Heights, Florida 32656
352.473.4807 Off 352.473.5101 Fax



Volunteer Form

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

State Driver's License #: _____

Have you ever been convicted of a felony? If yes, explain: _____

Do you have any physical conditions that may limit your activities? If yes, explain: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

VOLUNTEER AVAILABILITY AND PREFERENCES

Select all that apply

- Mornings (M-F)
- Afternoons (M-F)
- Evenings (M-F)
- Weekends
- As needed
- One time only (explain in comments)

Comments: _____

As a volunteer, I agree to abide by all rules and regulations put in place by the City of Keystone Heights. I understand that a background check is required for all volunteers over the age of 18. All applicants under the age of 18 must also submit a Parent/Guardian consent form. I certify that the information provided on this application is true and complete and understand that any misrepresentation or omission of facts on this application could be cause for rejection or dismissal.

Signature of Applicant or Parent/Guardian _____

Date _____