



VOLUNTEER APPLICATION

In accordance with the provisions of the Americans with Disabilities Act, please notify the Human Resources Division at 561-540-5001 in advance if you require special accommodations to participate in this application process.

VOLUNTEER INFORMATION

Last name:	First Name:	MI:
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Address:

City:	State:	Zip:
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Home #:	Cell #:
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Email Address:

Preferred method of contact: Email Home # Cell #

Youth Volunteers (Under 18)	
Parent/Guardian Name (please print):	
Parent Phone:	Parent Email:

How frequently would you like to volunteer? Ongoing (weekly/monthly) One-time event

Date available to begin:

Emergency Contact Information:

Name:	Relationship:	Phone:
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For All Applicants: I hereby certify that the answers given to the foregoing questions and statements are true. I authorize the Town of Lantana to investigate and verify any or all of the information contained in this application. Further, I understand and agree that any community service or volunteer project may be terminated without previous notice. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact Human Resources or other management representative immediately to obtain assistance in the resolution of such matters. Further, I hereby agree to indemnify and save harmless the Town of Lantana and its agents and employees from and against any and all claims, suits, actions, damages and/or causes of action arising while performing labor tasks for and on behalf of the Town.

NOTICE REGARDING THE COLLECTION AND USE OF YOUR SOCIAL SECURITY NUMBER BY THE TOWN OF LANTANA, FL. PURSUANT TO SUBPARAGRAPH 119.071(5)(a) 2.a., Florida Statutes, THE TOWN OF LANTANA IS PROVIDING YOU WITH THE FOLLOWING STATEMENT AS A RESULT OF THE TOWN'S REQUEST FOR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER WILL NOT BE USED FOR ANY PURPOSE OTHER THAN TO PERFORM BACKGROUND CHECKS.

I respectfully request and authorize release of information and records to the Town of Lantana for the sole purpose of assisting the Town of Lantana in conducting a background investigation to determine the applicant's qualification as a volunteer with the Town of Lantana.

Volunteer's Signature	Social Security Number	Date
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