



# VILLAGE OF PALM SPRINGS

## Leisure Services Department

226 CYPRESS LANE, PALM SPRINGS, FLORIDA 33461 (561)-964-8820 FAX (561)-964-2387

### VOLUNTEER APPLICATION FORM

**NAME:** \_\_\_\_\_  
(Last) (First)

**ADDRESS:** \_\_\_\_\_  
(No & Street) (City) (Zip)

**TELEPHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**COACHING EXPERIENCE IN THE PAST 5 YEARS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIVISION DESIRED:** \_\_\_\_\_

**DESIRED POSITION:** \_\_\_\_\_ **HEAD COACH/MGR ASSISTANT** \_\_\_\_\_ **TEAM PARENT**

**Our Department will perform background checks on all Volunteers.  
Please be sure to sign a background consent form that is attached to this form.  
COPY OF DRIVERS LICENSE NEEDED**

*I, the undersigned, agree to abide by the policies, procedures, and rules of the Village of Palm Springs Leisure Services Department. I understand that all involvement with the participants is restricted to the practices, games, and events scheduled by the Village of Palm Springs. I give my permission to the Village of Palm Springs to conduct a background investigation to determine my eligibility to volunteer.*

\_\_\_\_\_  
**SIGNATURE**

**DATE:** \_\_\_\_\_



**Village of Palm Springs  
Human Resources Office  
226 Cypress Lane  
Palm Springs, FL 33461**

***BACKGROUND INVESTIGATION***  
**CONSENT, RELEASE AND HOLD HARMLESS**

I, the undersigned, authorize and consent to any person, firm, organization, corporation or agency to release and disclose to the Village of Palm Springs any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via telephone, **in connection with my application for employment or application to be a volunteer at the Village of Palm Springs.**

Any person, firm, organization or corporation providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with Village of Palm Springs guidelines.

Name: \_\_\_\_\_  
Print      Last                      First                      Middle

Date of Birth: \_\_\_\_\_

Maiden Name/Aliases: \_\_\_\_\_

Sex: M \_\_\_\_\_ F

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

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorization Expiration date: 1 year from date of signature below

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

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



- |            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> | (Provide a brief explanation for any "yes" answer below)   |
| _____      | _____     | Drug – or alcohol-related offenses.  |
| _____      | _____     | Abuse of a minor or child, whether physical or sexual.   |
| _____      | _____     | Incest   |
| _____      | _____     | Kidnapping, false imprisonment, or abduction   |
| _____      | _____     | Sexual harassment.   |
| _____      | _____     | Sexual exploitation of a minor.  |
| _____      | _____     | Sexual conduct with a minor.   |
| _____      | _____     | Annoying/molesting a child   |
| _____      | _____     | Lewdness and/or indecent exposure  |
| _____      | _____     | Lewd and lascivious behavior   |
| _____      | _____     | Obscene literature.  |
| _____      | _____     | Assault, battery, or other offense involving a minor.  |
| _____      | _____     | Endangerment of a child.   |
| _____      | _____     | Any misdemeanor or other offense classification involving a minor or to which a minor was a witness. |
| _____      | _____     | Unfitness as a parent or custodian.  |
| _____      | _____     | Removing children from a State or concealing children in violation of a law or court order.          |
| _____      | _____     | Restrictions or limitations on contact or visitation with children or minors.                        |
| _____      | _____     | Similar or related conduct, matters, or things.  |
| _____      | _____     | Accusation of any of the above.  |

**EXPLANATIONS:**

If you answered "Yes" to any of the above, please explain. If none, write "none"

<u>Description</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above statements are true and complete to the best of my knowledge.

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

\_\_\_\_\_

Applicant signature

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

\_\_\_\_\_

Witness signature