

Return to: City of Cocoa Beach  
 P.O. Box 322430  
 Cocoa Beach, FL 32932-2430  
 321/868-3286, fax: 321/783-5849, or [www.cityofcocoa-beach.com](http://www.cityofcocoa-beach.com)

Date Received \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Dept. \_\_\_\_\_



**CITY OF COCOA BEACH**  
**VOLUNTEER REGISTRATION FORM**  
**“With you, we can make a difference!”**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell Phone. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Driver’s License Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Reason for Volunteering \_\_\_\_\_  
 If Community Service related, please share the reason \_\_\_\_\_ (continue on the back of this form)  
 Criminal History: Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No If Yes, what was the charge? \_\_\_\_\_  
 If applicable, have you been dishonorably discharged from the United States Military? \_\_\_\_ Yes \_\_\_\_ No  
 Have you used any controlled substances, within the last 2 years, other than physician-prescribed medication? \_\_\_\_ Yes \_\_\_\_ No  
 Are you addicted to any legal or illegal substance, including alcohol? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about the Volunteer Program? \_\_\_\_\_

Do you have a preference in which City Department(s) you would like to volunteer your time: \_\_\_\_ Yes \_\_\_\_ No

Please **circle** as needed, if answer to previous question is YES:

Personnel	City Manager	City Clerk	Finance	Building	Information Technology	Fire	Parks and Recreation	Golf Course	Public Works	Water Reclamation	Police
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Position desired: \_\_\_\_ General Clerical \_\_\_\_ Physical \_\_\_\_ Outdoors \_\_\_\_\_ Other

Special Skills (please **circle**)

Foreign Language (specify)	Typing	Data Entry	Vessel Handling	Two-Way Radio	ATV Operation	Public Speaking
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Please indicate the type of work that would best suit you (check one) \_\_\_\_ varied \_\_\_\_ repetition \_\_\_\_ stationary

Availability: \_\_\_\_ Mornings \_\_\_\_ Afternoons \_\_\_\_ Hours per week

Do you have any problems that would prohibit certain functions of your job assignment? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

**Experience:** Please list your experience in previous jobs. \_\_\_\_\_

What types of office equipment or machinery have you used? (Provide copy of certificates available) \_\_\_\_\_

Is there anything else that you would like to share with us? \_\_\_\_\_

Please list highest level of education completed \_\_\_\_\_

**Emergency**

In case of emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that Volunteer registration with the City of Cocoa Beach does not restrict my choice of assignments; I can accept or reject any placement offered to me.

\_\_\_\_\_  
 Volunteer Signature Date

\_\_\_\_\_  
 Parent/Guardian (if applicable) Date