

VOLUNTEER/COMMUNITY SERVICES APPLICATION

RECEIVED

Date: 4/20/22

APR 2 X 2022

PLEASE LIST THE TYPE OF WORK THAT INTERESTS YOU AND THE DEPARTMENT(S) WHERE YOU WISH TO VOLUNTEER.....

1. Historical Preservation Board 3. _____

2. _____ 4. _____

NAME: Dorothy A. Stevenson Telephone #: 352-702-8830PRESENT ADDRESS: 806 Liberty Street Eustis FL 32726How long have you lived at this address? 53 E-Mail Address: gainesstevenson18@gmail.comHave you filed an application here before? _____ Yes ☒ No If yes, when? _____Have you ever worked for the City of Eustis? _____ Yes ☒ No If yes, when? _____Are you currently employed? _____ Yes ☒ No May we contact you at work? _____ Yes _____ NoWhat number can we reach or leave a message for you during the day? Phone #: 352-702-8830Are you available: _____ Full Time ☒ Part Time _____ TemporaryWhen are you able to volunteer? _____ Nights _____ Weekends ☒ (pnp) OtherDo you possess a valid Fla. Driver's License or I.D.? ☒ Yes _____ NoAre you legally eligible for employment in the United States of America? ☒ Yes _____ NoHave you ever been convicted, pled guilty or no contest to, had prosecution deferred or adjudication withheld on a felony or first degree misdemeanor in any jurisdiction? _____ Yes ☒ No If yes, when: _____Explain: _____
(Nature, severity and date of offense in relation to the position for which you are volunteering are considered.)Do you have any criminal charges pending? _____ Yes ☒ No If yes, explain: _____Are you able, physically or otherwise, to perform the job functions of the position for which you are volunteering?
☒ Yes _____ No If no, please explain: _____

Please list maiden or other names under which you may have worked or gone to school: _____

Please list the names of friends or relatives working for the City and their relationship to you: NA

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD: Please list your four most recent employers including full, part time, temporary and volunteer positions, beginning with the most recent.

Name & Address of Organization:

Generations

From Dec 1994 to present
Month/Year Month/Year

113 Kensington St Eustis

Supervisor's E-mail: gainesstevenson18@gmail.com

Job Title: Owner

Describe the work you did: Owner & operator fast food service
entertainment and full of love, laughter joy

Reason for leaving: Retired but still present

Name & Address of Organization:

Lake County School Board

From 1972 to 2005
Month/Year Month/Year

Supervisor's E-mail: unknown

Job Title: Cook

Describe the work you did: prepared meals for the students of
Eustis Middle School

Reason for leaving: Retired

Name & Address of Organization:

From _____ to _____
Month/Year Month/Year

Supervisor's E-mail: _____

Job Title: _____

Describe the work you did: _____

Reason for leaving: _____

Name & Address of Organization:

From _____ to _____
Month/Year Month/Year

Supervisor's E-mail: _____

Job Title: _____

Describe the work you did: _____

Reason for leaving: _____

EDUCATION AND SPECIALIZED TRAINING:

Circle Highest Grade Completed

GRAMMAR AND HIGH SCHOOL:

1 2 3 4 5 6 7 8 9 10 11 12 GED

COLLEGE:

13 14 15 16

GRADUATE:

17 18 19 20

Please provide your educational background including the diploma, degree or certification received, as well as any technical or specialized training:

Name of High School(s): <u>William Ragin High Jacksonville FL</u>	City and State: <u>Jack</u>		
Name of College:	City and State:	Major:	Degree Received:
Name of Graduate School:	City and State:	Major:	Degree Received:
Other Trade, Technical, Etc:	City and State:	Major:	Degree Received:
Foreign Language Skills: <u>NA</u>		<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	

OTHER PROFESSIONAL MEMBERSHIPS OR SKILLS:

Please list any special qualifications not covered elsewhere in this application including computer skills, such as Word & Excel; typing, including words per minute typed; and any professional or civic memberships.

- Unity - President
- Lake County School Board Union
- Food Bank
- Eustis Chambers Commerce
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REFERENCES:

Please list at least three (3) references who are not related to you. (Please provide complete addresses including Street, City, State and Zip.)

Name <u>Val Harris</u>	Phone # <u>352-308-9550</u>	Name <u>Barbara Harris</u>	Phone # <u>352-589-6644</u>
Address (Street, City, State, Zip) <u>Eustis FL 32726</u>		Address (Street, City, State, Zip) <u>804 Liberty St. Eustis FL 32726</u>	
E-mail Address <u>Dr. Todd Dental</u>		E-mail Address <u>unknown</u>	
Employer <u>Dental Assistant</u>	Phone #	Employer <u>Eustis PD</u>	Phone #
Occupation		Occupation <u>Crossing Guard</u>	
Name <u>Tanya Wilder</u>	Phone #	Name <u>Tanya Wilder</u>	Phone #
Address (Street, City, State, Zip)		Address (Street, City, State, Zip) <u>812 Liberty Street Eustis FL 32726</u>	
E-mail Address		E-mail Address <u>twilder@lsbc.net 4044843293</u>	
Employer <u>Life Stream</u>	Phone #	Employer <u>Life Stream</u>	Phone #
Occupation		Occupation <u>de-escalator Crisis</u>	

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work?

Tues and Thurs (open)
for morning, afternoon or evening.**CERTIFICATE OF APPLICANT:**

I certify that the answers given on this application are true and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I realize that misrepresentation of facts or the failure to update any information relating to questions on the application may be cause for rejection of this application or dismissal from volunteer/community services.

I authorize the City of Eustis to make any inquiries it desires concerning me. I authorize schools, references and my prior employers to provide my records, reason for leaving and all other information they may have concerning me to the City of Eustis. I release the City of Eustis and all other parties from any and all liabilities or claims for any damage that may result therefrom.

I understand that this application is not and is not intended to be a contract for employment.

SIGNATURE OF APPLICANT:

Deborah A. Stevenson

Date:

4/20/2022**CONSENT OF PARENT OR LEGAL GUARDIAN***(All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section)*

I the undersigned, the parent or legal guardian of _____, choose to permit _____ to participate as a volunteer for the City of Eustis. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration and I agree to the terms and conditions as stated above.

I further authorize the City to perform a fingerprint criminal history background check through state and federal law enforcement agencies and/or criminal history checks through consumer reporting agencies, who may also provide information to the City on out-of-state or nation-wide criminal histories. I understand that final approval to volunteer is contingent upon the results of the criminal history check.

Signature of Parent or Legal Guardian: _____

Date: _____