CITY OF EUSTIS
109-A East Orange Avenue   P.O. Drawer 68   Eustis, FL 32727-0068

Website – www.eustis.org   E-Mail – personnel@eustis.org   Phone – (352) 483-5472   FAX (352) 483-0492

RECEIVED
JAN 0 9 2025
BY: ....

VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: _January 8, 2025_

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

1. _Historic Preservation_   3. _____
2. _Code Enforcement_   4. _____

NAME: _Shannon Graves_   Telephone #: _321-356-3531_

PRESENT ADDRESS: _496 Darshire Ave_   _Eustis_   _FL_   _32736_
     Street/P.O. Box   City   State   Zip

How long have you lived at this address? _17 months_ E-Mail Address: _shannon.graves@gbM.com_

Have 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 _____No

What number can we reach or leave a message for you during the day? Phone #: _321-356-3531_

Are you available: _✓_ Full Time   _✓_ Part Time   _____Temporary

When are you able to volunteer?   _✓_ Nights   _✓_ Weekends   _____Other

Do you possess a valid Fla. Driver's License or I.D.? _✓_ Yes _____No

Are you legally eligible for employment in the United States of America? _✓_ Yes _____No

Have 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 the names of friends or relatives working for the City and their relationship to you: _N/A_

_____

PER 051-15

molly mailed 1/13/25

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:

ABM Industries
NYC, NY

From November 2019 (Month/Year) to Present (Month/Year)

Supervisor's E-mail: megan.branch@abm.com

Job Title: National Account Mgr.

Describe the work you did: Provide account leadership for National/Strategic accounts. Identify, plan, and execute growth strategies for clients.

Reason for leaving: N/A

Name & Address of Organization:

The Center Orlando
Orlando, FL

From April 2017 (Month/Year) to February 2019 (Month/Year)

Supervisor's E-mail: unknown

Job Title: Director of Operations

Describe the work you did: Oversaw development of community service programs. Supervised 100+ employees & volunteers. Mentoring volunteers.

Reason for leaving:

Name & Address of Organization:

National Kidney Foundation
Orlando, FL

From June 2013 (Month/Year) to November 2016 (Month/Year)

Supervisor's E-mail: Unknown

Job Title: Director of Programs & Operations

Describe the work you did: Oversaw fundraising programs and community screening programs. Managed hundreds of volunteers statewide.

Reason for leaving:

Name & Address of Organization:

DeCiccio & Johnson
Winter Park, FL

From October 2009 (Month/Year) to June 2013 (Month/Year)

Supervisor's E-mail: dan.deciccio@deciccio.con

Job Title: Administrator/Paralegal

Describe the work you did: Led HR functions, AP/AR, Facilities, Paralegal

Reason for leaving:

Volunteer Manager - Kindred Pride Foundation 2016-Present
Volunteer - The Aftermath Foundation- 2024-Present

02/07/2024

(Extensive volunteer experience can be provided)2

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): Pine Forest	City and State: Pensacola FL		
Name of College: FAU	City and State: Orlando, FL	Major: Paralegal	Degree Received: BA
Name of Graduate School: Rollins College	City and State: Winter Park, FL	Major: MBA	Degree Received: MBA
Other Trade, Technical, Etc.:	City and State	Major:	Degree Received:
Foreign Language Skills:	☐ Read ☐ Write ☐ 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.

1. All Office applications

3. _____

2. _____

4. _____

5. _____

6. _____

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 Trina Gregory Phone # 407-432-7812	Name Jeff Speicher Phone # 407 538-7461
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
E-mail Address trina@seventbites.com	E-mail Address Jeff.Speicher@me.com
Employer Phone # Seventbites	Employer Phone # Pet Folk
Occupation Owner/Chef	Occupation Veterinarian
Name Billy Looper Phone # 954-557-6990	Name John Rossetti Phone # 305-586-7755
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
E-mail Address billylooper@gmail.com	E-mail Address
Employer Phone # Mack Lane Real Estate	Employer Phone # Mount Dora Bistro
Occupation Owner/Broker	Occupation Owner/Chef

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work? _M-F after 5:00pm_
_____Weekends all day/night_

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: _Shannon Travis_   Date: _January 8, 2025_

CONSENT OF PARENT OR LEGAL GUARDIAN

(All Volunteers Under 18 Years of Age Must Have Parent of 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:_____