djb15623@gmail.com

CITY OF EUSTIS

10 North Grove Street, P.O. Drawer 68, Eustis, FL 32726-0068

Website – www.eustis.org E-Mail – cityclerk@eustis.org Phone – (352) 483-5441

VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: 7-4-2026

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

1. Board commissioner Eustis Housing Authority
2. _____
3. _____
4. _____

NAME: Kimberly D. Jones Telephone #: 352-552-0266

PRESENT ADDRESS: 1101 Morin street Eustis FL 32726
Street/P.O. Box City State Zip

How long have you lived at this address? 2 1/2 yrs E-Mail Address: _____

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 #: 352-552-0266

Are you available: ____Full Time ____Part Time ✓ Temporary

When are you able to volunteer? ____Nights ____Weekends Varies 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: none

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: N/A

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: _____

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:													COLLEGE:				GRADUATE:			
1	2	3	4	5	6	7	8	9	(10)	11	12	GED	13	14	15	16	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):	City and State:		
Benjamin Franklin H.S.	Rochester, N.Y		
Name of College:	City and State:	Major:	Degree Received:
Name of Graduate School:	City and State:	Major:	Degree Received:
Other Trade, Technical, Etc: Learning Disability Association	City and State Rochester, N.Y.	Major: Reading	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. _____ 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 Mrs. Evonne E. McKee Major	Phone # 352-735-0456	Name	Phone #
Address (Street, City, State, Zip) 7765 Lake Andrea Circle Mt Dora FL 32757		Address (Street, City, State, Zip)	
E-mail Address mckeefoxybrown@aol.com		E-mail Address	
Employer	Phone #	Employer	Phone #
Occupation Semi Retired		Occupation	
Name	Phone #	Name Christina Atkins	Phone # 585-642-2711
Address (Street, City, State, Zip)		Address (Street, City, State, Zip) 111 Whiteswan Drive. Rochester, N.Y. 14626	
E-mail Address		E-mail Address christinaatkins584@gmail.com	
Employer	Phone #	Employer	Phone #
Occupation		Occupation Retired - Disabled.	

HOURS AVAILABLE TO VOLUNTEER:
What days and hours are you available for work? Daytime - Varies

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: Kimberly Jones Date: 7-6-26

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 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:_____