

CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL 32727-0068

Website – www.eustis.org

E-Mail – personnel@ci.eustis.fl.us

Phone – 352-483-5472

FAX – 352-483-0492

VOLUNTEER/COMMUNITY SERVICES APPLICATION

RECEIVED

NOV 02 2022

Date: 8/12/22

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

1. Community Engagement

3. _____

2. CRA

4. _____

NAME: Tanya Wilder Telephone #: 404-404-3293

PRESENT ADDRESS: 812 Liberty St Eustis FL 32726

Street/P.O. Box

City

State

Zip

How long have you lived at this address? _____ E-Mail Address: SingTanya913@gmail.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 #: _____

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 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: _____

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:

Lifestream Behavioral Center
Our Turning Point Ranch
Job Title: Program Service Manager

From 6/22 to present
Month/Year Month/Year

Supervisor's E-mail: khopper@lsbc.net

Describe the work you did:

Reason for leaving: present

Name & Address of Organization:

Lifestream Behavioral Center
Mobile Response Team Case Manager
Job Title: Case Manager

From 7/21 to 6/22
Month/Year Month/Year

Supervisor's E-mail: stbrown@lsbc.net

Describe the work you did:

Reason for leaving: promoted

Name & Address of Organization:

Lifestream Behavioral Center
Lake Academy
Job Title: Teacher

From 7/18 to 7/21
Month/Year Month/Year

Supervisor's E-mail: dflournay@lsbc.net

Describe the work you did: Ensure continuity of care while facilitating permanency placement for children through care management. Educate, demonstrate, and model appropriate behavior for children in therapeutic setting to learn.

Reason for leaving: school closed down

Name & Address of Organization:

Lifestream Behavioral Center
Department of Children & Family
Job Title: Family Case Manager

From 7/18 to 7/18
Month/Year Month/Year

Supervisor's E-mail: NA

Describe the work you did: Ensure continuity of care while facilitating permanency placement for children.

Reason for leaving: better position

7/18 - 6/21

12/15/09

Press Forward, Inc.
Group Home Caregiver
Eustis, FL

Rudolph Rolfe

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): <i>Eustis High</i>	City and State: <i>Eustis, FL</i>		
Name of College: <i>Florida School of the Arts</i>	City and State: <i>Palatka, FL</i>	Major: <i>Voice</i>	Degree Received: <i>AS</i>
Name of Graduate School: <i>University of Phoenix</i>	City and State: <i>Arizona, Online</i>	Major: <i>Healthcare Administration</i>	Degree Received: <i>BS</i>
Other Trade, Technical, Etc: <i>Grand Canyon Univer</i>	City and State: <i>Arizona, Online</i>	Major: <i>Elementary Education</i>	Degree Received: <i>Master</i>
Foreign Language Skills:		<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.

1. _____
2. _____
3. _____
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 <i>Willie Hawkins</i>	Phone # <i>407-509-6265</i>	Name <i>Michael Holland</i>	Phone #
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address	
Employer <i>City of Eustis</i>	Phone #	Employer <i>City of Eustis</i>	Phone #
Occupation <i>Commissioner</i>		Occupation <i>Mayor</i>	
Name <i>Vivian Mitchell</i>	Phone # <i>352-589-6448</i>	Name <i>Nicey Allen Park</i>	Phone # <i>352-455-9647</i>
Address (Street, City, State, Zip) <i>810 Liberty St Eustis, FL 32726</i>		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address	
Employer <i>Retired</i>	Phone #	Employer <i>Retired</i>	Phone #
Occupation		Occupation	

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work? _____

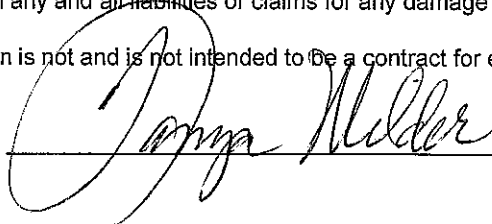
CERTIFICATE OF APPLICANT:

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: _____



Date: _____

8/11/22

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: _____