

CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL 32727-0068

Website - www.eustis.org

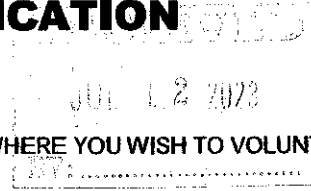
E-Mail - personnel@ci.eustis.fl.us

Phone - 352-483-5472

FAX - 352-483-0492

VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: 7/11/23



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

1. Housing Authority Board (Eustis)
2. _____
3. _____
4. _____

NAME: Nicie Allen Parks Telephone #: (352) 455-9647

PRESENT ADDRESS: 1110 South Street Eustis FL 32726
Street/P.O. Box City State Zip

How long have you lived at this address? Approx. 22/yr E-Mail Address: Nicie-Parks@yahoo.com

Have you filed an application here before? Yes No If yes, when? Many years ago

Have you ever worked for the City of Eustis? Yes No If yes, when? n/a

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) 455-9647

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: n/a

Explain: n/a
(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: n/a

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: n/a

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

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:

Lake County Board Of County
Commissionees

From 1979 to 2009
Month/Year Month/Year

Job Title: Community Dev. Manager

Supervisor's E-mail: n/a

Describe the work you did: Housing & Community Development; including Home purchase, home repair, insurance management/Coordination, etc.

Reason for leaving: Retired After 30 Years

Name & Address of Organization:

From to
Month/Year Month/Year

Job Title:

Supervisor's E-mail:

Describe the work you did:

Reason for leaving:

Name & Address of Organization:

n/a

From to
Month/Year Month/Year

Job Title:

Supervisor's E-mail:

Describe the work you did:

Reason for leaving:

Name & Address of Organization:

n/a

From to
Month/Year Month/Year

Job Title:

Supervisor's E-mail:

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>Umatilla High</u>	City and State: <u>Umatilla, FL</u>		
Name of College: <u>Lake Sumter C.C.</u>	City and State: <u>Leesburg, FL</u>	Major: <u>Business</u>	Degree Received: <u>Admin. & Management</u>
Name of Graduate School: <u>Florida State Univ.</u>	City and State: <u>Tallahassee, FL</u>	Major: <u>Certified Public Manager</u>	Degree Received: <u>Associate In Science Business</u>
Other Trade, Technical, Etc:	City and State:	Major:	Degree Received:
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.

- Wood
- Excell
- Excellent telephone etiquette
- Office Equipment
- Typing / Advanced
-

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>Mrs. Bettye Coney</u>	Phone # (352) <u>787-5167</u>	Name <u>Dr. Geneva Wilson-King</u>	Phone # (407) <u>536-5125</u>
Address (Street, City, State, Zip) <u>P.O. Box 1058, Leesburg, FL 34748</u>		Address (Street, City, State, Zip) <u>Lake Mary, FL 32746</u>	
E-mail Address <u>betconey@AOL.com</u>		E-mail Address <u>drwilsonking@drwilsonking.com</u>	
Employer <u>Retired</u>	Phone #	Employer <u>n/a</u>	Phone #
Occupation <u>Retired Educator</u>		Occupation <u>Doctor/Md</u>	
Name <u>Mrs. Chloe W. Bonds</u>	Phone # (352) <u>669-5159</u>	Name	Phone #
Address (Street, City, State, Zip) <u>P.O. Box 492, Umatilla, FL 32184</u>		Address (Street, City, State, Zip)	
E-mail Address <u>Wormack</u>		E-mail Address	
Employer <u>Lake County Supervisor of Elections</u>	Phone #	Employer	Phone #
Occupation		Occupation	

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work? Monday - Friday (some Saturdays/Sundays)
8:00 - 5:00 pm (beyond 5:00 when necessary)

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: [Handwritten Signature] Date: 7/11/23

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 n/a, choose to permit n/a 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: n/a Date: n/a