

# CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL 32727-0068

Website - [www.eustis.org](http://www.eustis.org)

E-Mail - [personnel@ci.eustis.fl.us](mailto:personnel@ci.eustis.fl.us)

Phone - 352-483-5472

FAX - 352-483-0492

## VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: 6/10/24

JUN 10 2024

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

1. Eustis Housing Authority
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

NAME: Latoya Young Telephone #: 352-551-3344

PRESENT ADDRESS: 34410 Cypress Grove Dr. Eustis FL 32736  
Street/P.O. Box City State Zip

How long have you lived at this address? 17 YRS. E-Mail Address: latoyayoung515@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 #: 352-253-2511

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: \_\_\_\_\_

**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:**  
Trinity Family Medical Center  
1707 Mayo Drive  
Tavares, FL 32778

From February 2005 to Current  
Month/Year Month/Year

Supervisor's E-mail: contact@trinityfamilymedical.com

Job Title: Owner/Administrator

Describe the work you did: Manage all the day to day operational, administrative and clinical aspects within the practice.

Reason for leaving: N/A

**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:**  
 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):	City and State:		
Name of College: <i>Liberty University</i>	City and State: <i>Lynchburg, VA</i>	Major: <i>Business Admin.</i>	Degree Received: <i>Bachelor of Science</i>
Name of Graduate School:	City and State:	Major:	Degree Received:
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.

- Microsoft Office Suite proficient*
- Intuit Quickbooks proficient*
- Assisted Living Facility Certification*
- Spring Ridge Board Treasurer*
- CMS Practice Manager Academy*
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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 <i>Lisa Laboo</i>	Phone # <i>407-739-4073</i>	Name <i>Dr. Lashawn Gill</i>	Phone # <i>434-426-2226</i>
Address (Street, City, State, Zip) <i>1804 E. Orange Ave Eustis 32726</i>		Address (Street, City, State, Zip) <i>805 Deer Glen Ct. Fruitland Park, FL 34731</i>	
E-mail Address <i>lisa.laboo@gmail.com</i>		E-mail Address <i>info@lashawnlewis.com</i>	
Employer <i>Prosperity Investments</i>	Phone # <i>352-357-3409</i>	Employer <i>Lae-Lah Inc.</i>	Phone # <i>434-426-2226</i>
Occupation <i>Financial planner (owner)</i>		Occupation <i>Licensed Professional Counselor</i>	
Name <i>Dave Harris</i>	Phone # <i>352-406-8413</i>	Name <i>Norma Bradford</i>	Phone # <i>602-812-3255</i>
Address (Street, City, State, Zip) <i>1951 Dora Ave. Tavares, FL 32778</i>		Address (Street, City, State, Zip) <i>3529 New Pointe Rd. South Haven, MS 38672</i>	
E-mail Address <i>manofdrum@hotmail.com</i>		E-mail Address <i>bradfordnorma@gmail.com</i>	
Employer <i>Faith Christian Fellowship</i>	Phone # <i>352-343-9119</i>	Employer <i>Retired US Army</i>	Phone #
Occupation <i>Pastor</i>		Occupation <i>Colonel</i>	

**HOURS AVAILABLE TO VOLUNTEER:**

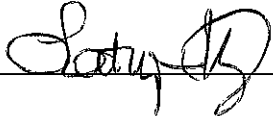
What days and hours are you available for work? *Monday through Friday; 3-6 hours;*  
*flexible when needed*

**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: 6/10/24

**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: \_\_\_\_\_