

# CITY OF EUSTIS

10 North Grove Street

P.O. Drawer 68

Eustis, FL 32727-0068

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

E-Mail – [cityclerk@eustis.org](mailto:cityclerk@eustis.org)

Phone – (352) 483-5430 FAX (352) 483-0492 HR

## VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: 02/17/2026

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

1. Code Enforcement-Alternate
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

NAME: Jessica Caemona Telephone #: [REDACTED]

PRESENT ADDRESS: [REDACTED] EUSTIS FL [REDACTED]

How long have you lived at this address? 7 YRS E-Mail Address: Caemona\_jessica@ymail.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 #: [REDACTED]

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: Patricia Jensen  
Friend/neighbor

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:

IRVIN B. Green & Associates  
26600 ACE AVE  
Leesburg, FL 34748

From 03/2014 to Current  
Month/Year Month/Year

Supervisor's E-mail: Dschneider@ibgreen.com

Job Title: Senior Underwriter

Describe the work you did: Evaluate new and Renewal mobile/manufactured

home submissions for eligibility, pricing, and coverage adequacy, loss history, inspections, credit, property characteristics, Apply Guidelines

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:  
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. Word & Excel \_\_\_\_\_
2. Typing (45-50 WPM) \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. Bilingual (Spanish/English) \_\_\_\_\_
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 <u>Olga Powers</u>	Phone # <u>305-491-6793</u>	Name <u>Patricia Jensen</u>	Phone # [REDACTED]
Address (Street, City, State, Zip) <u>2160 SW 19 Terrace</u>		Address (Street, City, State, Zip) [REDACTED]	
E-mail Address <u>Opizarro@gmail.com</u>		E-mail Address [REDACTED]	
Employer <u>State Attorney's Office</u>	Phone # <u>305 547-0240</u>	Employer <u>CURE Construction</u>	Phone # [REDACTED]
Occupation <u>Legal Secretary</u>		Occupation <u>Project Manager</u>	
Name <u>Dawn K. Furdock</u>	Phone # <u>352 351-7462</u>	Name [REDACTED]	Phone # [REDACTED]
Address (Street, City, State, Zip) <u>17845 Beach St, Umahik, FL</u>		Address (Street, City, State, Zip) [REDACTED]	
E-mail Address <u>dfurdock8626@gmail.com</u>		E-mail Address [REDACTED]	
Employer <u>Advent Health</u>	Phone # <u>352-253-3396</u>	Employer [REDACTED]	Phone # [REDACTED]
Occupation <u>pharmacy tech</u>		Occupation [REDACTED]	

02/07/2024

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**HOURS AVAILABLE TO VOLUNTEER:**

What days and hours are you available for work? Anytime after 5pm (M-F)  
Weekends Flexible

**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: Jessica Curmoxa Date: 02/17/24

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

## VOLUNTEER AGREEMENT FORM

I, the undersigned, hereby volunteer my services to the City of Eustis for civic, charitable, or humanitarian reasons. Further, my services are donated to the City of Eustis freely and without coercion and without promise, expectation, or receipt of compensation. I agree that this Agreement shall not in any way constitute nor create an employer-employee relationship between the City and myself.

I agree to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner. I assume responsibility for my physical fitness and physical ability to perform the work, which is assigned to me. If I do not feel I am physically capable of performing the volunteer assignment, I shall inform my supervisor immediately. I agree to report any injury or incident relating to my volunteer service to my supervisor immediately.

I further understand I am covered under the City's Worker's Compensation Insurance, however per FS 440.09(3), there is no compensation for injuries caused by an impairment of a volunteer's faculties by the use of alcohol or controlled substances. I further understand that if I do not follow the procedures in the attached guidelines for Worker's Compensation Managed Care, I could be denied certain benefits and/or may be liable for some of the expenses incurred.

During such time as I am a volunteer for the City of Eustis, I agree to assume full responsibility for such volunteer work and release the city from any damage, claims and causes of action that I ever had, now have, or may have in the future, known or unknown, or that any person claiming through me may have against the City of Eustis, arising out of my volunteer service for the City.

I agree to refrain from repeating to any outside source any confidential information obtained while I am a volunteer with the City of Eustis. I realize that this is privileged information and is not to be shared with anyone other than a current employee of the city and, then, only as necessary to carry out my task and/or assignment.

I understand that I am obligated to report (to my assigned supervisor) any information, which may affect records of the City or the status of my eligibility to work as a volunteer.

I further understand that:

- I shall not appear for volunteer service under the influence of any illegal drugs or alcohol. I agree to inform the supervisor at the beginning of the shift, if taking any over-the-counter or prescription medications, which may impair my ability to perform volunteer duties.
- I agree not to go beyond the scope of assigned volunteer work, without authorization.
- I grant full permission to use any photographs, videotapes, or recordings of myself as a volunteer for publicity purposes by the city.

I understand that I, or the City, may terminate this agreement at any time without cause, and that I am volunteering my services "at will" and may be asked to discontinue such, without prior notice or reason.

I further certify that I have received a copy of the City of Eustis Volunteer Program Policy #2006-10 and any updates. I agree to read and familiarize myself with the contents of this policy and abide by all the policies, rules and regulations of the City of Eustis, including departmental policies. I further understand that the City's policies and procedures are guidelines subject to change with or without notice.

By signing this Volunteer Agreement, I acknowledge that I have read and understand its contents and that I agree to the terms.

Name (Print): Jessica Carmora

Signature: Jessica Carmora Date: 02/17/20

**RELEASE OF INFORMATION - VOLUNTEERS**

Thank you for your interest in volunteering with the City of Eustis. Volunteers make a difference in our community by contributing their time, energy and talents to help our community be the best that it can be. As many of our volunteers work around children or hold positions of trust on various boards and committees, we take the time to conduct background checks, including criminal history, driver's license, reference checks, etc. In order to conduct these various checks, we request that you sign the release of information below. We sincerely appreciate your cooperation and your willingness to serve our community. Thank you very much!

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Permission is hereby given any agency of the government of the United States, and/or any other agency, person, firm, or corporation holding records concerning me, to furnish the City of Eustis all information desired involving me in any way, upon request. Included in this release of information is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the City of Eustis. This further includes the furnishing of copies of pertinent documents about my background, as required.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on the job performance, educational records, or any other personal information, which may not otherwise be obtained without prior agreement.

I understand that some of the information, which may be obtained about me will be obtained upon an assurance of confidentiality by the City of Eustis to the person or persons supplying such information. I understand that this information will be come privileged to the City of Eustis.

I hereby expressly waive, on behalf of myself and of any interested person, all provisions of law forbidding the disclosure of this information. I further release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

By signing below and in compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, I understand that the City may obtain a consumer report or reports on me, and I authorize the City to obtain such a report or reports for use in connection with my volunteer application and for other volunteer-related reasons. If this volunteer application is approved, this authorization shall remain on file and serve as ongoing authorization for procurement of volunteer-related consumer reports at any time I remain as a volunteer with the City.

I understand that the term "consumer report" includes, but is not limited to, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. I further understand that an "investigative consumer report" contains information on my character, general reputation, personal characteristics, or mode of living, which has been obtained through personal interviews with my neighbors, friends, or associates, or from others with whom I am or have been acquainted or who may have knowledge concerning any such information.

I also understand I may obtain a copy of the City's written notification that it may obtain a Consumer Report on me.

APPLICANT NAME: Jessica Carmona PREVIOUS OR MAIDEN NAME: [REDACTED]

ADDRESS: [REDACTED] CITY: EUSTIS STATE: FL

DATE OF BIRTH: [REDACTED] DRIVERS LICENSE #: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

Signature: Jessica Carmona Date: 02/17/20

# EMERGENCY CONTACTS

Name: Jessica Carmora

Department/Division: Code Enforcement (Alternate)

I hereby authorize the City of Eustis to contact on my behalf, the following individuals, during an emergency:  
*(Three (3) emergency contacts are requested. Contacts will be called in the order listed below, until a contact is made.)*

## #1 - Emergency Contact:

Name: [Redacted]

Relationship: [Redacted]

Home Number:                     

Cell Number: [Redacted]

Work Phone: [Redacted]

Other Number:                     

## #2 - Emergency Contact:

Name: [Redacted]

Relationship: [Redacted]

Home Number:                     

Cell Number: [Redacted]

Work Phone: [Redacted]

Other Number:                     

## #3 - Emergency Contact:

Name: [Redacted]

Relationship: [Redacted]

Home Number:                     

Cell Number: [Redacted]

Work Phone: [Redacted]

Other Number: [Redacted]

Employee Signature: Jessica Carmora Date: 02/17/20

PER 074-08

3.) **ADMINISTERING THE CITY'S DRUGFREE WORKPLACE PROGRAM**

The City may request and provide your social security number to the following commercial entities for the purpose of administering a drug free workplace:

- Licensed drug testing laboratories and medical review physicians to perform random, fitness-for-duty and reasonable suspicion drug testing in compliance with the Florida Drug Free Workplace Act and U.S. Department of Transportation regulations for commercial driver's license (CDL) drivers. FS 112.0455 - Mandatory

The City of Eustis reserves the right to amend this notice and to use your social security number for other purposes, upon proper notification to you, as required by law.

I acknowledge that I have read and received a copy of this statement.

Name

(Print):

Jessica Carmona

Applicant/Employee

Signature:

Jessica Carmona Date: 02/17/20

**For questions regarding this form or the use of your social security number, please contact:**

**CITY OF EUSTIS, FLORIDA  
Human Resources Department  
109-A E Orange Avenue  
(P.O. Drawer 68)  
Eustis, FL 32727-0068  
Phone #: 352-483-5472**