

JUL 14 2025

CITY OF EUSTIS

10 North Grove Street

P.O. Drawer 68

Eustis, FL 32727-0068

Website – www.eustis.org

E-Mail – cityclerk@eustis.org

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

VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: 7/11/2025

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

1. Police Pension Board

3. _____

2. _____

4. _____

NAME: Shikita L. Hill

Telephone #: _____

PRESENT ADDRESS: _____

How long have you lived at this address? 5 yrs

E-Mail Address: _____

Have you filed an application here before? X Yes _____ No

If yes, when? Approx. 23-24

Have you ever worked for the City of Eustis? X Yes _____ No

If yes, when? Approx 92-93

Are you currently employed? X Yes _____ No

May we contact you at work? X Yes _____ No

What number can we reach or leave a message for you during the day? Phone #: _____

Are you available: _____ Full Time

X Part Time

_____ Temporary

When are you able to volunteer? _____ Nights

_____ Weekends

Open

_____ Other

Do you possess a valid Fla. Driver's License or I.D.? X Yes _____ No

Are you legally eligible for employment in the United States of America? X 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 X No If yes, when: _____

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 X No If yes, explain: _____

Are you able, physically or otherwise, to perform the job functions of the position for which you are volunteering? X 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

PER 051-15

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:

Enhancing Lives Inc
2273 Jendah Cir.

From 05/24 to Current
Month/Year Month/Year

Eustis, FL 32726
Job Title: Direct Care Staff

Supervisor's E-mail: enhancinglives0@gmail.com

Describe the work you did: provide support/assistance to individuals with developmental, behavioral or mental health

Reason for leaving: N/A, still employed (work 2x's a week P/T)

Name & Address of Organization:

Florida Dept. of Corrections
Tavares P/P

From 8/00 to 3/25
Month/Year Month/Year

28401 CR 561, Tavares
Job Title: Correctional Probation Specialist

Supervisor's E-mail: N/A

Describe the work you did: provide supervision to individuals on probation while maintaining public safety.

Reason for leaving: Retired

Name & Address of Organization:

N/A
Job Title:

From _____ to _____
Month/Year Month/Year

Supervisor's E-mail: _____

Describe the work you did: _____

Reason for leaving: _____

Name & Address of Organization:

N/A
Job Title:

From _____ to _____
Month/Year Month/Year

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): Eustis High	City and State: Eustis, FL		
Name of College: Warner Univ.	City and State: Lake Wales, FL	Major: Organizational Mgmt. BA	Degree Received: Yes
Name of Graduate School: N/A	City and State:	Major:	Degree Received:
Other Trade, Technical, Etc.: Lake Tech (Corrections)	City and State: Tallahassee, FL	Major: Corrections	Degree Received: Yes
Foreign Language Skills: N/A	<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.

- Lake Eustis Area Chambers of Commerce Ambassador
-
- Golden Triangle Toastmasters Club
- EmpowerU 1st
- Silhouettes of Critterions
-

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 Mayor Willie Hawkins	Phone # [REDACTED]	Name Carolyn Simmons Jones	Phone # 352-630-2321
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address Carolynsimmons3648@gmail.com	
Employer A	Phone #	Employer	Phone #
Occupation Mayor		Occupation Nursing	
Name Marie Alberti	Phone #	Name Carrie Brown	Phone # 352-460-3344
Address (Street, City, State, Zip) 1 West Orange Ave		Address (Street, City, State, Zip)	
E-mail Address marie@eustischamber.com		E-mail Address Carrie@marcellusbrown.org	
Employer Lake Eustis Area Chamber of Commerce	Phone # 352-357-3434	Employer	Phone #

Occupation	Occupation
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02/07/2024

3

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work?

Open

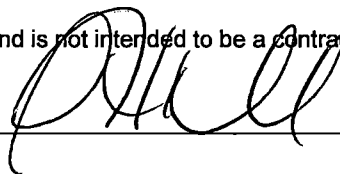
CERTIFICATE OF APPLICANT:

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:

7/11/25

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.

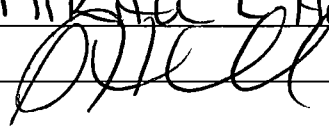
I further certify that I have received a copy of the City of Eustis Volunteer Program Policy #2006-10 and any updates. I agree to read and familiarize myself with the contents of this policy and abide by all the policies, rules and regulations of the City of Eustis, including departmental policies. I 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):

Shikita Hill

Signature:



Date:

7/11/25

PER 134-11