

Received 1/2/2025

CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL 32727-0068

Website – www.eustis.org

E-Mail – personnel@eustis.org

Phone – (352) 483-5472 FAX (352) 483-0492

VOLUNTEER/COMMUNITY SERVICES APPLICATION

Date: 12/23/24

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

1. Volunteer Code Enforcement Board
2. _____
3. _____
4. _____

NAME: Nicole 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 25 yrs. E-Mail Address: Nicole-Parks@yahoo.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 #: 352/455-9647

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: _____

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: _____

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: _____

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:

From 1988 19 to 2009
Month/Year Month/Year

Retired
Lake Co. Board of County Comm.

Supervisor's E-mail: n/a

Job Title: Community Dev. Mgmt.

Describe the work you did:

Housing & Community Development & Insurance Management

Reason for leaving: Retired

Name & Address of Organization:

From n/a to n/a
Month/Year Month/Year

/

Supervisor's E-mail: n/a

Job Title: /

Describe the work you did:

n/a

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): <u>Umatilla High</u>	City and State: <u>Umatilla, FI</u>		
Name of College: <u>Lake Sumter</u>	City and State: <u>Leesburg, FI</u>	Major: <u>Business</u>	Degree Received: <u>Yes / Business</u>
Name of Graduate School: <u>FL State Univer.</u>	City and State: <u>Tallahassee, FI</u>	Major: <u>Certified Public Manager</u>	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.

- Word
- Excel
- Telephone
- Eustis Housing Authority
- Eustis C.R.A.
-

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>Chloe B. Wormack</u>	Phone # <u>352/636-6463</u>	Name <u>Dr. Wilson-King</u>	Phone #
Address (Street, City, State, Zip) <u>Church Street, Umatilla, FI 32778</u>		Address (Street, City, State, Zip) <u>Mt. Dora, FI 32757</u>	
E-mail Address <u>chloe.bonds.wormack@embargo.com</u>		E-mail Address <u>drwilsonking@drwilsonking.com</u>	
Employer <u>Retired</u>	Phone #	Employer <u>Self-Employed (Doctor)</u>	Phone # <u>(407) 536-5155</u>
Occupation <u>Lake County School Board</u>		Occupation <u>Doctor</u>	
Name <u>Lachre Lucas</u>	Phone # <u>(352) 351-2528</u>	Name	Phone #
Address (Street, City, State, Zip) <u>Eustis, Florida 32726</u>		Address (Street, City, State, Zip) <u>no email</u>	
E-mail Address <u>215 E. Laurel Oak Drive</u>		E-mail Address	
Employer <u>Retired</u>	Phone #	Employer	Phone #
Occupation <u>School Board</u>		Occupation	

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work?

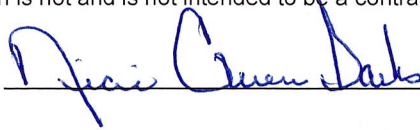
Monday - Friday
8:30 - 5:00 (Some Nights)**CERTIFICATE OF APPLICANT:**

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:

12/23/24**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: _____