

RECEIVED

JAN 08 2025

CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis

BY 32727-0068.....

Website – www.eustis.orgE-Mail – personnel@eustis.org

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

VOLUNTEER/COMMUNITY SERVICES APPLICATIONDate: January 8, 2025

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

- | | |
|----------------------------------|----------|
| 1. <u>Code Enforcement Board</u> | 3. _____ |
| 2. _____ | 4. _____ |

NAME: Christine Cruz Telephone #: 352-217-7370PRESENT ADDRESS: 813 E. Lemon Ave Eustis, FL 32726

Street/P.O. Box	City	State	Zip
How long have you lived at this address? <u>18 years</u>	E-Mail Address: <u>dothethingtoday@gmail.com</u>		

Have you filed an application here before? ☒ Yes ☐ No If yes, when? September 2024Have you ever worked for the City of Eustis? ☒ Yes ☐ No If yes, when? 10/24 - 01/25Are you currently employed? ☒ Yes ☐ No May we contact you at work? ☒ Yes ☐ NoWhat number can we reach or leave a message for you during the day? Phone #: 352-217-7370Are you available: ☒ Full Time ☐ Part Time ☐ TemporaryWhen are you able to volunteer? ☒ Nights ☒ Weekends ☐ Anytime with notice ☐ OtherDo you possess a valid Fla. Driver's License or I.D.? ☒ Yes ☐ NoAre you legally eligible for employment in the United States of America? ☒ Yes ☐ NoHave 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: _____

No relatives working with the city - Multiple friends

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:

Compass Creative Group, LLC

From 06/2020 to Current
Month/Year Month/Year

Supervisor's E-mail: Christine@compasscreativegroup.com

Job Title: CEO

Describe the work you did: Website development, design and hosting company

Reason for leaving: _____

Name & Address of Organization:

Red Apples Media

From 12/2015 to 06/2020
Month/Year Month/Year

Supervisor's E-mail: Marc@redapplesmedia.com

Job Title: Utility Player

Describe the work you did: Graphics arts, website development, design, implementation and maintenance

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): Circle Christian	City and State: Winter Park, Florida		
Name of College:	City and State:	Major:	Degree Received:
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.

1. _____
2. _____
3. _____
4. _____
5. _____
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 Karen Leheup	Phone # 352-406-4120	Name George Asbate	Phone # 407-947-2148
Address (Street, City, State, Zip) 405 E. Lemon Ave Eustis, FL 32726		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address	
Employer Retired	Phone #	Employer City of Eustis	Phone #
Occupation		Occupation Commissioner	
Name Gary Ashcraft	Phone # 352-396-2126	Name Craig Capri	Phone # 352-973-7765
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address	
Employer City of Eustis	Phone #	Employer City of Eustis	Phone #
Occupation Commissioner		Occupation Police Chief	

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work? Any with notice

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: _____

Christine Cruz

Date: January 8, 2025

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: _____