



VOLUNTEER/INTERN/COMMUNITY SERVICE APPLICATION

Personal Information:

Name: _____ Date of Application: _____
(Last) (First) (Middle)

Street Address: _____ Telephone: _____

City, State, Zip Code: _____ Birth Date: _____

Email: _____

Driver License Number/Issuing State: _____ *Must attach copy of driver license

Have you previously volunteered here? Yes No Dates (if applicable): _____

Have you ever worked for the Citrus Supervisor of Elections Supervisor of Elections? Yes No

Dates (if applicable): _____

I can volunteer _____ hours per: Day Week Month

Days: Monday Tuesday Wednesday Thursday Friday Saturday

Time of Day: Morning Afternoon Late Afternoon Anytime

Comments: Please explain below what interests or qualifications you have as a volunteer, intern or Community Service worker to include prior volunteer opportunities for this position. Include any relevant skills, experience and/or education.

References:

Name: _____ Relationship: _____

Telephone: _____

Name: _____ Relationship: _____

Telephone: _____

Emergency Contact Information:

Name: _____ Telephone: _____
(Last) (First) (Middle)

Agreement: in signing this application Supervisor of Elections acknowledges your willingness to volunteer your service to assist the Supervisor of Elections. By signing this form, it is understood that you are not an employee or agent of the Supervisor of Elections and the Supervisor of Elections may terminate this volunteer agreement at any time. All Supervisor of Elections Volunteers, Interns and Community Service workers must be successfully complete any necessary background and/or reference checks.

I certify that all statements in this application are true and if approved as a volunteer I will abide by the Supervisor of Elections policies.

Signature of Applicant: _____ Date: _____

Email your completed application to vote@votecitrus.gov