



ST. JOHNS COUNTY APPLICATION FOR VOLUNTEER SERVICE

Personnel Services Department
500 San Sebastian View
St Augustine, FL 32084
(904) 209-0635

A Drug Free Workplace and an Equal Opportunity Employer

Name: Last, First, Middle

Home Phone

Cell Phone

Email Address

Mailing Address: Street

City

State

Zip

Department/ Type of Volunteer Work Interested in Performing

Availability: Monday hours _____
Tuesday hours _____
Wednesday hours _____
Thursday hours _____
Friday hours _____
Saturday hours _____
Sunday hours _____

Parental Permission:

If you are under the age of 18, a parent/ legal guardian must sign the following permission:

I _____ parent/ legal guardian grant permission for _____ to
volunteer at St. Johns County.

Parent/ Legal Guardian Signature: _____ Date: _____

Have you had any change of name in the past or used an assumed name? _____ If you answered yes to this question
please list the names and timeframe the names were used.

