HISTORY CENTER

VOLUNTEER/UNPAID INTERN APPLICATION

Volunteer Intern Fall Spring Summer

(Last)	(F	First)	(Middle initial)	(Mr., Ms.)	
ddress:					
(Street)	(0	City)	(Zip)	(Apt. #)	
lome Phone:		Cell Phone:			
-mail:	If under 18, P	arent/ Guardian E	-mail:		
urrent Occupation: _	t Occupation:		Employer:		
ducation (highest grad	de, degree or major if a Student,):			
chool/Advisor:					
Emergency Contact Name:		Relationship:			
Emergency Phone Number:		E	mergency E-mail: _		
olunteer Experience	:				
raining, Skills, Hobt	bies:				
low did you hear abo	out us?	Volunteer Po	osition Preference:		
volunteering for sch	nool credit, hours needed?		Due by?		
lours Available:	Monday Wednesday Friday Sunday	Thursday Saturday			
lease provide two re	ferences:				
 Name	Phone		E-mail		
Relationship	Years known				
 Name	Phone		E-mail		
		Yea	ars known		

Do you have any relatives currently employed by Orange County Board of County Commissioners or the Historical Society of Central Florida, Inc.? Yes No				
If yes, indicate Relative Name, Relationship, and Division/Department.				
Have you ever pleaded No Contest to, or been convicted of, a First-Degree Misdemeanor or any Felony? Yes No If yes, please explain.				
I possess a valid Driver License? Yes No If yes, indicate the State and Expiration Date.				

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from placement in accordance with Orange County Personnel Policy and the Historical Society of Central Florida, Inc. Policy. I hereby authorize investigation of all statements I have made herein. I authorize the companies or persons named herein to give any information regarding my past employment or volunteer placement together with any information they may have regarding me, whether or not it is on their records. I hereby release said companies or persons, and Orange County Government from all liability for any damages whatsoever for issuing or obtaining this information. I understand that if I am selected for placement I may be required to undergo a physical examination including a drug screening. In the event I am placed by Orange County, I agree to comply with all its policies, rules and regulations.

Applicant Signature:	Date:
lf under 18 years old, Signature of Parent/Guardian:	Date:
Interview Date:	For office use only: Interviewed by:
	Position Assigned:

EEO SURVEY

Orange County is required by the U.S. Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes only. This information will be maintained separately from your application and will not be considered in the application evaluation process. **Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide is also confidential.**

Full Name:
Date of Birth:
Language spoken:
Gender Male Female
Ethnic Group:
American Indian or Alaskan Native (the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition) Asian or Pacific Islanders (the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands) Hispanic (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race) Black (not of Hispanic origin) White (not of Hispanic origin) Other (Balance of individuals reporting more than one race not Hispanic or Latino)

If you choose not to self-identify, please check box.