

**Eagle Volunteers**  
Florida Gulf Coast University  
10501 FGCU Blvd. S.  
Ft. Myers, FL 33965-6565  
(239) 590-1400

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Limitations: If there are any personal or physical limitations or concerns we need to take into consideration, please specify:  
\_\_\_\_\_

Available to start: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of hours per week desired: \_\_\_\_\_  
MM/DD/YY

Grade level completed: \_\_\_\_\_ Major area of training/experience: \_\_\_\_\_

Specific Computer or Language skills:  
\_\_\_\_\_

**Schedule Preference:**

- Sunday     Wednesday     Saturday     Morning     Seasonal Only  
 Monday     Thursday     Afternoon    Months \_\_\_\_\_  
 Tuesday     Friday     Evening     Year-round

Area(s) of Interest:     Admissions     Tutoring     Student Services     Library     Administrative  
 Anywhere     Other    Please specify interest: \_\_\_\_\_

**Employment History:**

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Past Work Experience:**

Company: \_\_\_\_\_ Duties/Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience:**

Agency/Company \_\_\_\_\_ Duties/Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Criminal Conviction Information***

Have you been convicted in Florida of a felony committed after September 1990 for selling or trafficking in, or conspiracy to sell or traffic in, a controlled substance?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If you answered "yes" , before you can volunteer at FGCU, Florida law requires proof that you have completed all imprisonment sentences and/or supervisory/probationary sanctions imposed by the court, Parole Commission or by law. The Human Resources department will ask you to provide this proof.

Have you been convicted of, or pleaded "no contest" to a first degree misdemeanor or any felony?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Please list the date, offense and judgment. Use additional paper if necessary. Answering "yes" will not necessarily make you ineligible to volunteer. Each case will be judged on its own merit with respect to time, circumstances, seriousness and the type of position.

Date	Offense	Judgment
_____	_____	_____
_____	_____	_____

**References**

Please provide us with two (2) references:

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

In what capacity do you know this reference \_\_\_\_\_

How long \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_

In what capacity do you know this reference \_\_\_\_\_

How long \_\_\_\_\_

**Certification Of Information**

I declare that the statements made in this application (including statements made in any accompanying documentation) are true and complete to the best of my knowledge. This includes but is not limited to personal information, educational and occupational qualifications and credentials, and criminal history. I further understand that any false statements made on this application or supplement may be grounds for immediate dismissal or for removal from consideration of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_