



ANASTASIA MOSQUITO CONTROL DISTRICT OF ST. JOHNS COUNTY DISEASE VECTOR EDUCATION CENTER VOLUNTEER APPLICATION

120 EOC Drive, St. Augustine, FL 32092
AMCD PHONE: (904) 471-3107. DVEC PHONE (904) 257-9880 . FAX: (904) 471-3189
AMCD Website: www.amcdsjc.org
DVEC Website: <https://diseasevectoreducationcenter.org/>

Please answer all questions. Resumes may be submitted but will not be accepted in lieu of this application form.

Last Name First Middle Telephone Number

Present Address - Street City / State Zip Code

Email Address: _____

Parent or Guardian Permission:

If you are under 18 years of age please specify your age. _____

I _____ parent/legal guardian grant permission for _____
to volunteer at Anastasia Mosquito Control District and Disease Vector Education Center.

Parent/Legal Guardian Signature: _____ Date: _____

Education (Please select highest degree obtained.)

Did not complete High School or GED	Bachelor's Degree
High School Diploma or GED Associate's	Master's Degree
Degree	Doctorate

Name of School: _____ Location: _____

Major or field of study: _____

List any skills or training that support your application: _____

On what date will you be available to start volunteer work?: _____

Please indicate your availability: Wednesday: From _____ to _____
Thursday: From _____ to _____
Friday: From _____ to _____
Saturday: From _____ to _____
Sunday: From _____ to _____

EMPLOYMENT & VOLUNTEER EXPERIENCE

Employer	Dates Employed (From / To)	Work Performed
Street Address	City / State	Zip Code
Job Title	Hourly Rate / Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Employer	Dates Employed (From / To)	Work Performed
Street Address	City / State	Zip Code
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Reason for Leaving		

In case of emergency please contact:

Name: _____ Phone# _____ Relationship: _____

APPLICANT'S STATEMENT

I certify that the foregoing answers are true and correct to the best of my knowledge. I authorize the investigation of all statements contained in this application and hereby give this permission to contact schools, previous employers, references, and others, and hereby release the organization from any liability as a result of such contact. I understand that any false or misleading information or omissions of facts requested in this application or interview may remove me from further consideration for volunteer service. I understand that my volunteer service with the organization is for no specific length of time but is based on the needs of the organization and my willingness to devote my time and skills to support it.

AMCD requires all volunteer applicants to undergo a criminal background screening and Florida driver license verification prior to working in our organization and my signature authorizes such screenings. I also authorize AMCD to review, and make decisions based on any content found on any and all Internet and social media sites. I understand that AMCD may release me as a volunteer at anytime.

Applicant Signature: _____

Date: _____

AMCD is a drug free workplace and an equal employment opportunity employer and considers applications for all volunteer positions without regard to race, color, age, sex, religion, national origin, disability or genetics.