



Brevard County Board of County Commissioners  
**BRAVE** Volunteer Enrollment Form

Office use
Interviewer _____
Date _____
Background check completed _____
ID badge # _____
Dept. assigned _____
Supervisor _____

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Previous residence(s) if at current address less than 7 years \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Other/Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are you under 18? ( ) no ( ) yes If yes, parental or legal guardian permission is required (see page 2)

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about the BRAVE Volunteer and Intern Program? \_\_\_\_\_

Why are you interested in volunteering with Brevard County Government? \_\_\_\_\_

\_\_\_\_\_

Is there a specific volunteer job you are interested in? \_\_\_\_\_

Please list any previous volunteer experience \_\_\_\_\_

\_\_\_\_\_

Talents, special training, skills or hobbies \_\_\_\_\_

\_\_\_\_\_

What is your preferred work schedule?

Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Length of time are you available (1 month, 6 months, indefinite, etc) \_\_\_\_\_

**Law Violation Record**

Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense? ( ) yes ( ) no. If yes, provide details (offense, date, place, and disposition) on a separate sheet of paper. **Note: A 'yes' answer to this question will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the volunteer job will be considered.**

**References**

Please list 3 non-family members who have known you for at least one year and will provide references on your ability to perform as a volunteer with the BRAVE program.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

**Read this section carefully before you sign the application below**

I certify that each answer to the questions in this application and all other information provided by me is true and correct to the best of my knowledge. I understand that any misrepresentations of facts shall be considered basis for rejection of my BRAVE Volunteer application or discharge if accepted. I authorize Brevard County to verify information in this application and to contact the listed references. I understand that a background screening will be conducted as it applies to the volunteer assignment in which I have expressed an interest and I give my consent to the same. I understand that all such information collected during the screening will be kept confidential.

I agree to abide by and comply with all rules, regulations, policies and practices of Brevard County Government and with all procedures established for volunteers.

I have read and understand the above.

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

**Parental Permission Form (Required for volunteers under age 18)**

I hereby give my permission for my child to participate as a volunteer in the Brevard County Government’s BRAVE Volunteer Program.

Method of Transportation: My child will be: ( ) driving his own vehicle ( ) be driven by \_\_\_\_\_

I certify that each answer to the questions in this application and all other information provided by my child is true and correct to the best of our knowledge. We understand that any misrepresentation of facts shall be considered basis for rejection of this volunteer application or discharge if accepted. I authorize Brevard County to verify information listed in this application and to contact the listed references. I understand that a background screening will be conducted as it applies to the volunteer assignment in which my child has expressed an interest and I give my consent to the same. I understand that all such information collected during the screening will be kept confidential.

I have read and understand the above.

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

I agree to abide by and comply with all rules, regulations, policies and practices of Brevard County Government and with all procedures established for volunteers.

I have read and understand the above.

Minor’s signature \_\_\_\_\_ Date \_\_\_\_\_