



# Brevard County Board of County Commissioners **BRAVE** Volunteer Application

Name \_\_\_\_\_  
Last First Middle

Other names known by \_\_\_\_\_

Address \_\_\_\_\_  
Street name & number City State/Zip

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

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

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

Birthday \_\_\_\_\_ Are you under 18? ( ) yes ( ) no  
Month/day only

Emergency contact \_\_\_\_\_  
\_\_\_\_\_  
Name Phone number

What specific volunteer job are you applying for? \_\_\_\_\_

If none, please indicate the type of work you prefer:  
 Computers  Legal System  Youth Programs  
 Environmental  Transportation/Driving  Clerical  
 Outdoors  Writing  Behind the scenes  
 Libraries  Interfacing with the Public  Tutoring  
 Long or Short Term Projects

Days and hours available each week:  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

What length of time are you available (1 month, 6 months, indefinite)? \_\_\_\_\_

List relevant work or volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

Education: \_\_\_\_\_

Interests, hobbies, skills or foreign languages: \_\_\_\_\_

## 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: \_\_\_\_\_

**Send completed application to:**

Paulette Davidson, B.R.A.V.E. Coordinator  
Human Resources Office  
2725 Judge Fran Jamieson Way - Bldg. B  
Viera, FL 32940

Phone: 321/ 633-2031 Fax: 321/ 633-2036

e-mail: [paulette.davidson@brevardcounty.us](mailto:paulette.davidson@brevardcounty.us)

**For office use only:**

Date interviewed \_\_\_\_\_ Interviewer \_\_\_\_\_

Level \_\_\_\_\_ Background Screening Completed \_\_\_\_\_ Placement \_\_\_\_\_

Dept/Office \_\_\_\_\_ Location \_\_\_\_\_