

**CITY OF TALLAHASSEE
VOLUNTEER PARKING PATROL PROGRAM
APPLICATION**

NAME: _____

ADDRESS: _____

Home Phone: _____

Work Phone: _____

Social Security No. _____

Do you possess a valid Florida State Driver's License? Yes _____ No _____

If yes, Driver's License Number: _____

Do you own/have access to a personal vehicle with liability insurance? Yes _____ No _____

If yes, year of vehicle: _____

Make: _____

Color of vehicle: _____

Insurance Carrier: _____

Policy Number: _____

Name two references (not relatives) in the Tallahassee community who have known you for at least two years and can attest to your judgment and character:

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

You must pass a background check in order to participate in this program.

(over)

Type or Print

Specify in 100 words or less, the reason for your interest in the parking program. (You may use the space below or an additional sheet).

Reasonable Accommodation:

If you have a disability requiring accommodations, please call 891-8290 or 711 at least 48 hours (excluding weekends and holidays) prior to the start of the meeting or activity.

Please submit this form to Janet M. Hinton, Equity & Workforce Development, City Hall, Third Floor, 300 S. Adams Street, Tallahassee, Florida, 32301. Completed applications may be faxed to 891-8733. Questions? Call the Equity & Workforce Development Department at 891-8290.

Signature

Date