



VOLUNTEER SERVICES APPLICATION

Name (Last) (First) (Middle)

Mailing Address City State Zip

Work Telephone / Home Telephone Emergency Contact Person / Telephone

Group name and leader (If Applicable): _____

List any professional or occupational registration, license, or certificate you or your group hold (include certificate/license numbers): _____

List any special skills, interests, or hobbies: _____

List two references not related to you whom you have known for more than one year:

NAME COMPLETE MAILING ADDRESS TELEPHONE

NAME COMPLETE MAILING ADDRESS TELEPHONE

List your most recent volunteer or employment experience:

EMPLOYER COMPLETE MAILING ADDRESS TELEPHONE

JOB TITLE DATES OF VOLUNTEER/EMPLOYMENT

Circle the days you are available to volunteer: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Specify the hours you are available to volunteer: From: _____ To: _____

Are you able and willing to transport patients using your vehicle? Yes _____ No _____

Are you able and willing to transport patients in a state vehicle? Yes _____ No _____

If yes, please provide your driver's license number and insurance carrier: _____

Have you ever been convicted of, or plead nolo contendere to a driving or criminal offense?

Yes _____ No _____ If answer is yes, please explain (including types of offenses and dates):

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand that applications submitted for state volunteer services are public records.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

Signature

_____/_____/_____
Date

**INTERVIEWER'S COMMENTS
(For Agency Use Only)**

Date of Interview: ____/____/____

Interviewer's Name: _____

This is a new applicant: _____ an update: _____

Type of Volunteer: _____ Individual _____ Group _____ Intern/Practicum
_____ Community Services _____ Other (specify)

Screening Required: Yes _____ No _____ Date Screening Completed: _____

Date Orientation Completed: _____

**WORK ASSIGNMENT
(For Agency Use Only)**

Program

Location

Supervisor

Date of Placement

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 325 John Knox Road, Building F, Suite 240, Tallahassee, Florida 32399-1570.