



Florida Department of Health in Orange County Volunteer/Intern/Clinical Rotation Application Form

Thank you for your interest in an intern, volunteer or clinical rotation position with the Florida Department of Health in Orange County. Volunteers must complete sections 1, 3, 4 and 5 of this application. Interns must complete sections 1, 2, 3 and 5 of this application.

Application Type:

SECTION 1 Personal Information

Full Name: _____
Last *First* *Middle*

Address: _____

City/State _____ Zip Code _____

Home Phone: _____ Alternate Phone: _____

Email _____

License # _____ Expiration Date _____

Emergency Contact Information

Full Name: _____

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

SECTION 2 College/Nursing/Intern Education Information

College/University _____

Address: _____

Intern Coordinator: _____

Phone: _____ Email: _____

Major: _____ Specialty: _____

Semester Hours Completed _____ Type of Degree: _____

of Hours Needed for Internship: _____ Requested Start Date: _____

SECTION 3

Area of Interest

Please review the list of below and choose your top 3 choices of areas you wish to volunteer or intern with by placing a 1 (for your 1st choice), 2 (for 2nd choice) or 3 (for 3rd choice). Applicants will be assigned depending on availability of space in each area.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>_____ Administration (Clerical) (O)</p> <p>_____ Community Health/Academic Research (C, O)</p> <p>_____ Dental (M)</p> <p>_____ Emergency Operations (O)</p> <p>_____ Environmental Health (O)</p> <p>_____ Epidemiology (M)</p> <p>_____ Health Information Management (O)</p> <p>_____ Healthy Start/Mom Care (N, C)</p> <p>_____ Immunology (HIV/AIDS Services) (M, N)</p> | <p>_____ Information Technology (O)</p> <p>_____ MRC (O)</p> <p>_____ Office of Performance and Quality Improvement (O)</p> <p>_____ Public Health Administration (O)</p> <p>_____ School Health (N)</p> <p>_____ Sexually Transmitted Diseases (M, N)</p> <p>_____ Tuberculosis/Refugee Health (M, N)</p> <p>_____ Women's Health (M, N)</p> <p>_____ Women, Infants & Children (WIC) (O)</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Area Rotation Categories: Medical (**M**) – Medical students, medical residents, medical fellows. Nursing (**N**) – LPN, RN, BSN, MSN, ARNP, CNM Students. Clinical (**C**) – Social Work, Public Health Students. Other (**O**) – Non-clinical Students, Volunteers.

SECTION 4

Volunteer Information

List any professional licenses, registrations, or certificates you currently possess (include certificate/license numbers):

List Special Skills: _____

List special accommodations: _____

List two personal references, not related to you, whom you have known for more than one year.

<i>Name</i>	<i>Name</i>
<i>Address</i>	<i>Address</i>
<i>City/State/Zip</i>	<i>City/State/Zip</i>
<i>Phone</i>	<i>Phone</i>

Specify the days and time frames you are available to volunteer. Also indicate if you are willing to participate in outreach events that occur on weekends or evenings.

Day of Week	# of Hours	Day of Week	# of Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

SECTION 5
Background Information

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense? Yes No
If yes, please explain in the space below (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 upon submission of this application it becomes public record.

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

Your typed name in the signature block will be accepted as your signature.