



## Appendix C – Volunteer Enrollment Application

Name	(Last)	(First)	(Middle)
Mailing Address	City	State	Zip
Work Telephone	Home Telephone	Cell Phone	
Email	Emergency Contact	Telephone	

In what type of volunteer position are you interested? \_\_\_\_\_

List any professional license, registration, or certificate you currently possess (include license/certificate number): \_\_\_\_\_

List any special skills, interests, or hobbies: \_\_\_\_\_

List any special considerations or needs: \_\_\_\_\_

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

NAME	NAME
ADDRESS	ADDRESS
CITY/STATE ZIP	CITY/STATE ZIP
TELEPHONE	TELEPHONE

List your most recent volunteer or employment experience:

EMPLOYER	MAILING ADDRESS	TELEPHONE
JOB TITLE	DATES OF VOLUNTEER/EMPLOYMENT	

Specify the days and time frames you are available to volunteer:

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

### Appendix C – Volunteer Enrollment Application, continued

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If the 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 that would be 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/or "confidential" will not be disclosed to anyone other than authorized personnel, and I shall conduct myself in accordance with the Department's 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: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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**Appendix C – Volunteer Enrollment Application, continued**

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Screening Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Screening Completed: \_\_\_\_\_

Date Orientation Completed: \_\_\_\_\_

<p><b>WORK ASSIGNMENT</b> <b>(For Agency Use Only)</b></p>
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**Program**

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**Location**

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**Supervisor**

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**Date of Placement**