

Appendix C – Volunteer Enrollment Application



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

What type of volunteer position are you interested in? BACK TO SCHOOL HEALTH CLINIC

List any professional license, registration, or certificate you currently possess (include certificate/license 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
PHONE	PHONE

List your most recent volunteer or employment experience:

EMPLOYER	COMPLETE MAILING ADDRESS	TELEPHONE
JOB TITLE	DATES OF VOLUNTEER/EMPLOYMENT	

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

Date	Check Box	EVENT SITE	Date	Check Box	EVENT SITE
Sat, July 9, 2022		Swindle Medical Center	Sat, July 30, 2022		Bowers Career Center
Sat, July 9, 2022		Lennard High School	Sat, July 30 2022		Middleton High School
Sat, July 16, 2022		Blake High School	Sat, Aug 6, 2022		South University
Sat, July 23, 2022		Bailey Elementary School			

Appendix C, continued

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 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

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

Date of Interview: ____/____/____

Interviewer's Name: _____

Appendix C, continued

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

Date Orientation Completed: _____ N/A _____

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

BACK TO SCHOOL HEALTH CLINIC

Program _____ **Location** _____

Supervisor _____ **Date of Placement** _____