



VOLUNTEER ENROLLMENT APPLICATION

Thank you for expressing interest in volunteering with the Florida Department of Health in Leon County! Please read the following form carefully before filling it out. If you have any questions, call (850) 404-6208.

Otherwise, fill out the application and return it to DOH-Leon at 872 W. Orange Avenue or scan and email to Fanchelle.Frye@FLHealth.gov.

We will contact you as soon as we've reviewed your application and considered your qualifications.

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?

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 ADDRESS CITY/STATE ZIP 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:

Table with 4 columns: Day of Week, Hours, Day of Week, Hours. Rows include Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday.

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: _____

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

Date Orientation Completed: _____

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

Program Location

Supervisor Date of Placement