

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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## 110 Volunteer Application Checklist



Application



Volunteer Record Check



2 Completed Volunteer Personal Reference Questionnaires

Return the completed documents to your Regional Coordinator prior to date of training. You may keep copies if you desire.

If you have any questions, do not hesitate to contact the Talent Management office at (954) 847-8139.



## 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?** \_\_\_\_\_

**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:** \_\_\_\_\_

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

**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

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, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.



## VOLUNTEER RECORD CHECK

I, \_\_\_\_\_, Hereby grant  
Print Full Name: First Middle Last Maiden, if applicable

permission to the Florida Department of Health in Broward County (DOH-Broward) to obtain information from local and state law enforcement agencies to help determine my suitability to serve as a DOH-Broward volunteer. I understand that if the records check shows any violations committed or other information about my background that would indicate unsuitability or a risk, I may not be accepted into the DOH-Broward Volunteer Program.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Volunteer Personal Reference Questionnaire

\_\_\_\_\_  
Name of Volunteer/Intern Applicant

\_\_\_\_\_  
Date Completed

As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? \_\_\_\_\_
2. To your knowledge, has the applicant ever been convicted of a crime? \_\_\_\_\_
3. Do you consider him/her to be of good moral character? If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? \_\_\_\_\_
6. Do you have any additional comments concerning the applicant's character or reliability?  
\_\_\_\_\_
7. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



## Volunteer Personal Reference Questionnaire

\_\_\_\_\_  
Name of Volunteer/Intern Applicant

\_\_\_\_\_  
Date Completed

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4. How long have you known the volunteer applicant? \_\_\_\_\_
5. To your knowledge, has the applicant ever been convicted of a crime? \_\_\_\_\_
6. Do you consider him/her to be of good moral character? If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
8. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? \_\_\_\_\_
10. Do you have any additional comments concerning the applicant's character or reliability?  
\_\_\_\_\_
11. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip