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.
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: ____________________________

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<th>Day of Week</th>
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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 X _____ 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.
I, ________________________________, Hereby grant 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
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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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 ___________________________