



Florida Department of Environmental Protection Volunteer Application & Agreement

Applicant Name (last name, first name, middle initial)			Telephone
Address			Email Address
City	State	Zip Code	Month & Day of Birth
Drivers License # (required if operating a state vehicle)			Are you 18 or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information

Name	Telephone
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References

Name	Telephone
Name	Telephone
Name	Telephone

DEP locations in which you are most interested in volunteering

1.	2.	3.
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Year you are applying for _____ Check off the month(s), day(s) of the week, and time of day you are available for volunteer service <table style="width: 100%; text-align: center;"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Sun</td><td>Mon</td><td>Tue</td><td>Wed</td><td>Thu</td><td>Fri</td><td>Sat</td><td></td><td></td><td>AM</td><td>PM</td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> </table>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sun	Mon	Tue	Wed	Thu	Fri	Sat			AM	PM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		How many hours per week can you volunteer? <table style="width: 100%; text-align: center;"> <tr> <td>less than 10</td> <td>10 to 20</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>20-30</td> <td>30-40</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	less than 10	10 to 20	<input type="checkbox"/>	<input type="checkbox"/>	20-30	30-40	<input type="checkbox"/>	<input type="checkbox"/>
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Background Information

Have you ever been convicted of a felony or a first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever pled Nolo Contendere or plead guilty to a crime which is a felony or a first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the aforementioned questions, what charges or convictions and where?	

Note: A "Yes" answer to these questions will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. It is the policy of the Department of Environmental Protection that all current and new volunteers, who are assigned to perform the duties of positions of special trust as designated by the secretary, may be subject to a security background check including fingerprinting as a condition of employment or working for or with the Department.

Tell us about yourself. Please describe your background (educational and professional, including any special hobbies, interests, or skills) that may apply to your volunteer service.

Education:
Experience:
Certifications, Qualifications, Skills:
Hobbies and Interests:
Your Volunteer Service Goals:

CHECK ALL THAT MAY APPLY					
	<u>Skills</u>	<u>Interests</u>		<u>Skills</u>	<u>Interests</u>
Business			Operations & Resources		
Accounting & Finance	<input type="checkbox"/>	<input type="checkbox"/>	Archaeology	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Boating / Canoes	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>	Botany / Horticulture	<input type="checkbox"/>	<input type="checkbox"/>
Writing / Editing	<input type="checkbox"/>	<input type="checkbox"/>	Campground Host	<input type="checkbox"/>	<input type="checkbox"/>
Graphic & Visual Arts			Gardening / Landscaping	<input type="checkbox"/>	<input type="checkbox"/>
Desktop Publishing	<input type="checkbox"/>	<input type="checkbox"/>	Fish / Wildlife	<input type="checkbox"/>	<input type="checkbox"/>
Design / Illustration	<input type="checkbox"/>	<input type="checkbox"/>	Grounds Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	Historical Preservation	<input type="checkbox"/>	<input type="checkbox"/>
Computers & Office Operations			Interpretive Guide	<input type="checkbox"/>	<input type="checkbox"/>
Clerical / Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	Hiking & Trails	<input type="checkbox"/>	<input type="checkbox"/>
Programming	<input type="checkbox"/>	<input type="checkbox"/>	Museum / Tour Guide	<input type="checkbox"/>	<input type="checkbox"/>
Web Design	<input type="checkbox"/>	<input type="checkbox"/>	Research / Library	<input type="checkbox"/>	<input type="checkbox"/>
Internet Applications	<input type="checkbox"/>	<input type="checkbox"/>	Resource Management	<input type="checkbox"/>	<input type="checkbox"/>
Merchandising / Retailing			Special Events	<input type="checkbox"/>	<input type="checkbox"/>
Cashier / Clerk	<input type="checkbox"/>	<input type="checkbox"/>	Toll Collection	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	Wildlife Rescue	<input type="checkbox"/>	<input type="checkbox"/>
Store Management	<input type="checkbox"/>	<input type="checkbox"/>	Visitor Information	<input type="checkbox"/>	<input type="checkbox"/>
Education			Trades		
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	<input type="checkbox"/>
Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	Construction	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Public Health & Safety			Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>
First Aid / Rescue	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please Specify)		

Terms and Conditions
 Volunteers are not considered to be employees of the State of Florida. Volunteer hours may be applied toward community service credits or as work experience when applying for a state position. Volunteers are covered by state liability protection (Chapter 768.28, F.S.) and by workers compensation (Chapter 440, F.S.). No other benefits or collective bargaining agreements shall apply. Volunteers shall comply with all applicable department rules. This agreement can be cancelled at any time following notice by either party. Upon termination of this agreement, all uniforms, ID cards, and other state-supplied property shall be returned. By signing this application, I hereby agree to the terms and conditions cited herein.

Signature _____	Date _____	Acceptance by Department _____
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Youth Volunteer Permission (Required for applicants under 18 years of age)
 I, the undersigned parent or legal guardian, do hereby grant permission for the above named Applicant to participate in a volunteer activity with the Department of Environmental Protection.

Signature of Parent/ Guardian _____	Date _____
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FOR DEPARTMENT USE ONLY

Name of volunteer:

DEP Division of interest:

Description of services to be provided by the volunteer:

Location where the volunteer is assigned:

Name of volunteer supervisor:

Uniform Information

Hat Size:	Neck Size:	T-Shirt Size:	Name on Name Tag:
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Issued Property

List below any DEP property issued to the volunteer	Date Issued	Date Returned

Status

Starting Date:

Termination Date:

Active On Leave Archive