



VOLUNTEER SERVICES APPLICATION

 Name (Last) (First) (Middle)

 Mailing Address City State Zip

 Work Telephone / Home Telephone Emergency Contact Person / Telephone

Group Name and leader (If Applicable): _____

List any professional or occupation registration, license or certification you or your group hold (include certificate/license number): _____

List any special skills, interests or hobbies: _____

List three references not related to you whom you have known for more than one year:

| NAME | COMPLETE MAILING ADDRESS | TELEPHONE |
|------|--------------------------|-----------|
| NAME | COMPLETE MAILING ADDRESS | TELEPHONE |
| NAME | COMPLETE MAILING ADDRESS | TELEPHONE |

List your most recent volunteer or employment experiences:

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

Circle the days you are available to volunteer: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Specify the hours you are available to volunteer : From _____ To _____

Are you able and willing to transport patients using your vehicle? Yes No
 Are you able and willing to transport patients in a state vehicle? Yes No
 If yes, provide your driver's license number and insurance carrier: _____

Have you ever been convicted of, or pleaded nolo contendere to a driving or criminal offense? Yes No
 If answer is yes, please explain (including types of offenses and dates) _____



REFERENCE INQUIRY

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

The above named person has made application with this Agency to be a volunteer in one or more of our programs. You have been given as a reference by this person. Please answer the following questions about the applicant to the best of your ability. You will be performing a service to the applicant and to the clients who come to this Agency.

How is applicant known to you? Business? _____ Socially? _____ Other? _____

If other, please explain. _____

How long have you know applicant? _____ (Specify in months or years)

Is applicant, in your opinion, a person of good moral character? _____

Does the applicant, to your knowledge, abuse alcohol? _____ Use illegal drugs? _____

Does the applicant, to your knowledge, participate in community activities? _____

Relate any knowledge you have of the applicant's interest in, and willingness to work with people with problems.

Comment as to applicant's character, integrity, or other information, which you feel, is related to the applicant's desirability to work in any program of the Department of Health.

Relate any knowledge you may have of any serious law violation in the applicant's background.

Signature

If you have any questions or would like to discuss this, please contact Judy Armour, Local Volunteer Specialist, at (850) 595-6648.

**State of Florida
Department of Health**

**VOLUNTEER SERVICES
CODE OF ETHICS**

Florida Department of Health volunteers are subject to a code of ethics similar to that of employees. The department expects volunteers to do their assigned tasks and to be accountable for the quantity and quality of their work.

Volunteers make a firm commitment of their time, talents and skills for a definite period of time. If they cannot report for duty, volunteers are to notify their supervisor and client.

Volunteers will conduct themselves in a professional manner, with dignity and courtesy at all times.

Volunteers will keep confidential all information they may learn directly or indirectly about a client or fellow worker. Volunteers will only seek information on a client that is important to the performance of an assigned task.

Volunteers will take any problems, criticisms or suggestions directly to their supervisor or to the volunteer coordinator.

Volunteers will bring to their work an attitude of open-mindedness and willingness for training and supervision. They will follow department policies and procedures.

Each person, whether paid or unpaid, brings their own unique gifts to the department. Volunteers enrich the department and the lives of clients.

Volunteers will attend conferences and meetings as directed by their supervisor. They will record their volunteer time.

I have read this CODE OF ETHICS and agree to abide by it.

Volunteer Signature

Volunteer Coordinator Signature

Date



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It shall be a misdemeanor of the first degree to fail to disclose by false statement, misrepresentation, impersonations or other fraudulent means, to disclose any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect individuals 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 that applications submitted for state volunteer services are public records.

I understand and agree that all information as it relates to persons served by the department are 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

THE FOLLOWING INFORMATION IS NEEDED TO CONDUCT LAW ENFORCEMENT CHECKS.

SEX: MALE FEMALE DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

RACE (Check only one): WHITE BLACK HISPANIC ASIAN or PACIFIC ISLANDER NATIVE AMERICAN

OTHER (Specify): _____

INTERVIEWER'S COMMENTS
(For Agency Use Only)

Date of Interview: _____

Interviewer's Name: _____

This is: A New Applicant An Update

Type of Volunteer: Individual Group Intern/Practicum Community Services

Other (specify) _____

Screening Required: Yes No

Date Screening Completed: _____

Date Orientation Given: _____

WORK ASSIGNMENT
(For Agency Use Only)

Program

Location

Supervisor

Date Placed

It is unlawful for an employer to refuse or deprive any individual or 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, 325 John Knox Road, Building F, Suite 240, Tallahassee, Florida 32399-1570. F:user/personnel/volapp