



**SECTION 3: AREAS OF INTEREST**

Please indicate your top 3 choices by placing a 1, 2, or 3 in the space provided.

- Business/ Operation/ Admin Support      Epidemiology      Information Technology
- Environmental Health      Healthy Babies      HIV/ AIDS Program      Health Promotion
- Administration      Tuberculosis/ Refugee Health      Quality and Performance Improvement
- Marketing/ Branding      Sexually Transmitted Diseases      School Health      Tobacco Prevention
- Public Health Preparedness

**SECTION 4: AVAILABILITY**

Please indicate the days and times you are available our hours of operation are Monday- Fridays 8am- 5pm:

Please state availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday outreach
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**SECTION 4: BACKGROUD INFORMATION**

**Note: We are required to perform a level two background screening on all interns. Previous screenings are not accepted, unless from another Florida health department within one year. There is a \$60 fee for this screening.**

**Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?**

Yes  No

If yes, please explain (including types of offences 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**