

SECTION 3: AREA OF INTEREST AND AVAILABILITY (Interns and Volunteers)

Please review the list below and rank up to 3 top areas of interest by placing 1, 2, and 3 in the space provided. This will assist us in helping you achieve your internship or volunteer goals. (NP/PA interns: select Health Clinic/Women’s Health)

- Academic or Clinical Research
- Business/ Operations/ Admin Support
- Dental
- Environmental Health
- Epidemiology
- Healthy Start
- HIV/AIDS Program
- Health Clinic-Women’s Health (+ STD, Family Planning)
- Information Technology
- Public Health Administration/Strategic Planning
- School Health /TOP
- Tuberculosis / Refugee Health
- Wellness/ Tobacco Prevention
- Women, Infants and Children (WIC)

Please indicate the days and time frames you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Outreaches
AVAILABILITY						Weekends:

Volunteer only: If you are willing to participate in outreach events that occur on weekends or evenings, please indicate hours in chart above.

SECTION 4: VOLUNTEER INFORMATION

List any professional license, registration, or certificate you currently possess (include certificate/ license number):

List any special skills:

List any special accommodations:

List two personal references, not related to you, whom you have known for more than one year:

Name	Name
Address	Address
City/State	City/State
Zip	Zip
Phone	Phone

List your most recent volunteer or employment experience:

Employer	Mailing Address	Telephone
Job Title	Dates of Volunteer Service/Employment	
Emergency Contact Name	Relationship	Telephone

SECTION 5: BACKGROUND INFORMATION

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 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

Your typed name in the signature block will be accepted as your signature.

Note: We are required to perform a level two background screening on all volunteers and interns. Previous screenings are not accepted, unless from another Florida health department within one year. For interns (not volunteers) there is a \$50 fee for this screening

SECTION 5: BACKGROUND INFORMATION EXPLANATION

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