



VOLUNTEER APPLICATION

Application Date:

Thank you for your interest in Volunteering with the Florida Department of Health in Seminole County. Our hours of operation are Monday through Friday from 8 a.m. to 5 p.m. Weekend hours not available unless there are Community Outreach events that you would like to participate in.

SECTION 1: PLEASE PRINT CONTACT INFORMATION

Name _____ Age (18 & above) _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

Professional Licenses # and Expiration Date _____

SECTION 2: AREAS OF INTEREST

Business/ Operation/ Admin Support____ Epidemiology____ Dental____ Information
 Technology____ Environmental Health____ Florida Heathy Babies____ HIV/ AIDS Program____

Public Health Administration Strategic Planning____ School Health/TOP____
 Tuberculosis/Refugee Health____ Wellness/ Tobacco Prevention____

Women, Infants and Children (WIC) _____

SECTION 3: AVAILABILITY

Please indicate your desired start date:

Please indicate the dates and time frames you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	weekend
AVAILABILITY						

SECTION 4: VOLUNTEER ADDITIONAL 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

SECTION 5: BACKGROUND INFORMATION

Note: We are required to perform a level two background screening on all volunteers. Previous screenings are not accepted, unless from another Florida health department within one year. There is no 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