VOLUNTEER APPLICATION/AGREEMENT

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF RECREATION AND PARKS

Applicant (last name, first name, middle initial)	Phone	
Address (Include apartment number)		
City	State	Zip
E-mail		
Date of Birth	Age	
Drivers License (required if operating a state vehicle)	Social Security Number	

In case of emergency, please contact:

Name	Phone

References:

1 - Name	Phone
2 - Name	Phone
3 - Name	Phone

Have you ever been charged with or convicted of a first degree misdemeanor or felony in any state or country? ☐ NO ☐ YES Have you ever been charged with or convicted of child abuse, molestation, or a sex offense? ☐ NO ☐ YES If your answer is "YES" to either question, please list the dates and jurisdictions of prior arrests or convictions:

Terms and Conditions:

Volunteers are not considered to be employees of the State of Florida. Volunteer hours may be applied towards community service credits or as work experience when applying for a state position. Volunteers are covered by state liability protection (Chapter 768.28 FS) and by workers compensation (Chapter 440 FS). No other benefits or collective bargaining agreements shall apply. Volunteers shall comply with all applicable department and agency rules. This agreement may be cancelled at any time following notice by either party. Upon termination of this agreement, all uniforms, ID cards, and other park-supplied property shall be returned. By signing this application, I hereby agree to the terms and conditions cited herein and authorize the Division of Recreation and Parks to conduct a criminal history background check on me at any time during my service as a Volunteer.

Name of Park:

Description of services to be provided by volunteer:

Location where volunteer is assigned:

Name of supervisor:

Parks where you wish to volunteer:

What months are you available for volunteer service? Check:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What days of the week do you prefer? AM or PM shifts? Check:

Sun	Mon	Tue	Wed	Thu	Fri	Sat	AM	PM
☐	☐	☐	☐	☐	☐	☐	☐	☐

How many hours per week will you contribute? _____

YOUTH VOLUNTEER PERMISSION

I, the undersigned parent or legal guardian, do hereby grant permission for the above-named Applicant to participate in a volunteer activity at the above-named Park.

Signature of Applicant | Acceptance for DRP | Date | Signature of Parent or Legal Guardian | Date