



Florida Department of Environmental Protection

VOLUNTEER APPLICATION

Required Signatures: **Adobe Signature**

Date: _____

Purpose for Volunteering

- Give back to the community
- Campground host or resident volunteer
- Project for scouting or service group

- Internship
- College educational requirement
- K-12 educational requirement

I am a: New Applicant Returning Volunteer

Applicant Application (Please submit a separate application for each individual)

Applicant Name (Last name, first name, middle initial)			Telephone (Best)	
Address				
City	State	Zip Code	Date of Birth (DOB)	
Do you have a valid Driver's License? (Required for some duties)			Yes	No
			Email Address	

Emergency Contact Information

Name	Relationship	Telephone (Best)
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References (List references that are familiar with your work or volunteer experience. Do not include relatives.)

Name	Telephone(s)
Name	Telephone(s)
Name	Telephone(s)

Locations in which you are most interested in volunteering (Florida State Parks)

1.	2.	3.
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Are you willing to consider volunteering at other Florida State Parks?	Yes	No
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Availability

Year you are applying for: Check off the month(s), days(s) of the week and time you are available											
Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
How many hours per week can you volunteer?											
Less than 10 hrs			10 to 20 hours			20 to 30 hours			30 to 40 hours		
Is your availability flexible? YES NO											

Campground Host or Resident Volunteer

Complete this section only if you are applying to be a Campground Host or Resident Volunteer
 (Note: Maximum 16-week stay in any single park)

Type of camping unit:											
Motor Home			5 th Wheel			Trailer/Camper			Tent		
Length or width of Unit (including slide out)						L _____ W _____		YES		NO	
RV minimum hook up necessary:											
Water			Sewer			Electricity			Amps Needed		
Will you have a pet?			YES	NO	If yes, type & breed:						
Number of people (including applicant) that will be residing at the campsite:						# Adults:			# Youths:		
Name of others residing with you:											
Name:						DOB:					
Name:						DOB:					
Name:						DOB:					

Highlight background & Experience that you feel contributes to the Florida State Parks

Education, Knowledge, Skills, Abilities:											
Experience: (Please indicate any previous campground hosting or volunteer experience)											

License, Registration or Certification:			
Hobbies & Interests:			
Your Volunteer Service Goals:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Are you willing to supervise other volunteers?</td> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">NO</td> </tr> </table>	Are you willing to supervise other volunteers?	YES	NO
Are you willing to supervise other volunteers?	YES	NO	

Please check all of the boxes of those skills/duties that you are interested in performing. After each, please indicate (circle or select) whether you have either (*E*) – *Experience* in this skill, or (*I*) – *Interest* in gaining this skill.

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|------------------------|------------------------------|-----------------------|
| <u>E I</u> | <u>E I</u> | <u>E I</u> |
| Toll Collector | Office/Clerical | Housekeeping |
| Store Operations | Graphic Design | Trail/Campgrd. Maint. |
| Painting | Mowing/Landscaping | Accounting/Finance |
| Carpentry/Constr. | Vehicle Maintenance | Tour Guide/Interpr |
| Fundraising | Electrical | Small Engine Repair |
| Special Events | Resource Mgmt. | Plumbing |
| Heavy Equipment Repair | Other (please specify) _____ | |

Background Information

1. Have you ever been asked to vacate a volunteer position?	YES	NO
2. Have you ever been convicted of a felony or a first degree misdemeanor?	YES	NO
3. Have you ever plead Nolo Contendere or pled guilty to a felony or a first degree misdemeanor?	YES	NO
4. Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?	YES	NO
5. If YES to any of the questions, please explain, what charges or convictions and where?		

Note: A YES answer to answer to these questions will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. It is the policy of the Department of Environmental Protection that all current and new volunteers, who are assigned to perform the duties of positions of special trust as designated by the Secretary, may be subject to a security background check including fingerprinting as a condition of employment or working for or with the Department.

“I understand that I may be asked to provide date of birth, driver’s license number(s) or other proof of identification, and social security number(s) at a later date. I certify that all information contained in this application is true and correct. Further, I authorize the Florida State Parks to verify the information provided.”

Volunteer’s Signature

Date