Florida Department of Agriculture and Consumer Services  
Florida Forest Service  
VOLUNTEER APPLICATION  
Sections 110.501 – 110.504, F.S.

Full Name of Group or Individual  

Last  First  Middle  

Street or P.O. Box  City  State  Zip Code  

Mailing Address  

E-mail  Date of Birth  

Phone #  Cell Phone #  

Driver's License #  Unit/Center/District  

Current or Last Employer  

Contact Person  Contact Phone #  

Which general volunteer categories are you or your group most skilled and interested in?  

- Archaeology  - Firefighter I, Non-Initial Attack  - Recreation Programs  
- Botany  - Firefighter II Certification#  - Research/Library  
- Campground Host  - First Aid Exp. Date:  - Sign Language  
- Computers  - Historic Preservation  - Timber Management  
- Construction/Maintenance  - Mechanical Maintenance  - Tour Guide  
- CPR Exp. Date:  - Natural Resources Planning  - Trail/Campground Maintenance  
- Cultural Resources  - Office/Clerical  - Visitor Information  
- Dispatching  - Pest Disease Control  - Wildlife  
- Fire Detection  - Range/Livestock  - Other  
- Firefighter I, Initial Attack  - Certification#  

Check the months you will be available for volunteer work. What year?  

☐ JAN  ☐ FEB  ☐ MAR  ☐ APR  ☐ MAY  ☐ JUN  ☐ JUL  ☐ AUG  ☐ SEP  ☐ OCT  ☐ NOV  ☐ DEC  

Which days of the week would you be available for volunteer work? (Check below)  

☐ SUN  ☐ MON  ☐ TUE  ☐ WED  ☐ THU  ☐ FRI  ☐ SAT  

List the forests or areas of Florida where you would like to volunteer:  

Would you like to supervise other volunteers?  ☐ Yes  ☐ No  

I agree to provide the following Volunteer services:  

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE  
ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**  
OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS  
DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES(F.S.)?  ☐ Yes  ☐ No  

**Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.]}.
BACKGROUND INFORMATION

Have you ever been convicted of a felony or a first degree misdemeanor?  □ yes  □ no
If “yes”, what charges?  ____________________________________________  Where
Convicted?  ____________________________  Date of conviction: __________

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor?
□ yes  □ no
If “yes”, what charges?
Where?  ____________________________  Date: __________

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?
□ yes  □ no
If “yes”, what charges?
Where?  ____________________________  Date: __________

NOTE: A “YES” 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 [see §112.011, F.S.]

I understand that the above-described services will be uncompensable. Volunteer hours may be used for work experience in applying for positions with the State of Florida. I understand that to maintain my current State of Florida Firefighter Certification, I must volunteer a minimum of 40 hours within a three-year period. If I do not meet the 40-hour requirement, the Division will process a DI4-1033, Notice of Termination of Employment as a Firefighter with the Division of State Fire Marshal. I agree to comply with all applicable Department and agency rules. No state employment, unemployment, leave, or hours of work provisions or collective bargaining agreements shall apply to volunteers. This agreement may be canceled by either party at any time following notice of the other party. I further understand that volunteers are not considered employees of the State of Florida. Volunteers are covered by State liability protection in accordance with Chapter 768.28, F.S., and by Worker’s Compensation in accordance with Chapter 440, F.S. Volunteer’s Initial  ____________

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for consideration. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness to investigators, personnel staff, and other authorized employees of Florida state government. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Volunteer’s Signature:  ____________________________  Date: __________________

The Florida Department of Agriculture and Consumer Services, Florida Forest Service and the above named Volunteer enter into this Volunteer Agreement on this _______ Day of _________ ,

Signature, Center/District Manager  ____________________________  Date __________________

Signature, Director  ____________________________  Date __________________

Signature, Chief of Personnel Management  ____________________________  Date __________________

YOUTH VOLUNTEER PERMISSION SLIP

I, the undersigned parent or guardian of ________________________________, do hereby grant permission for the above named child to participate in a volunteer activity at ________________________________, a unit of the Florida Forest Service.

Signature of Parent or Guardian  ____________________________  Date __________________

Print Name  ____________________________  Date __________________

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