WILTON SIMPSON
COMMISSIONER

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*
Mailing Address	*Street or P.O. Box*	*City*	*State* *Zip Code*
Email		**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
- ☐ Botany
- ☐ Campground Host
- ☐ Computers
- ☐ Construction/Maintenance
- ☐ Cultural Resources
- ☐ Dispatching
- ☐ Exotic Plant Removal
- ☐ Fire Detection
- ☐ Firefighter I, Non-Initial Attack Certification#_____
- ☐ Firefighter II
- ☐ Historic Preservation
- ☐ Mechanical Maintenance
- ☐ Natural Resources Planning
- ☐ Office/Clerical
- ☐ Range/Livestock
- ☐ Recreation Programs
- ☐ Research/Library
- ☐ Timber Management
- ☐ Tour Guide
- ☐ Trail/Campground Maintenance
- ☐ Visitor Information
- ☐ Wildlife
- ☐ Other_____

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)

How many hours a week? _____ ☐ 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**

SUPERVISOR OF VOLUNTEER COMPLETES THIS LINE. The volunteer and supervisor agree the following categories are what are allowed to be performed. A written job description with tasks, schedule and hours will be completed prior to volunteer service. _____

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 uncompensated. 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 Initials*** _____

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 _____ **,** 20 ___.

_____ _____

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