



FLORIDA DEPARTMENT OF CORRECTIONS VOLUNTEER APPLICATION

Personal Information

Name: _____
Last
First
Middle
Maiden

Address: _____
City
State
ZIP Code

_____ Telephone #1 Telephone #2 E-Mail Address

Volunteer Group Name: _____

Security Clearance Information

Social Security #: _____ Date of Birth: _____

Race/Ethnic Origin: _____ Gender: Male Female

Drivers License #: _____ DL State: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

1. Have you ever been arrested on a misdemeanor or felony charge? Yes No
If yes, explain. (Use additional paper if necessary) _____

2. Have you ever been convicted on a misdemeanor or felony charge? Yes No
If yes, explain. (Use additional paper if necessary) _____

3. Do you have a relationship (for example parent, spouse, friend, etc) or are you currently on the visitation list of anyone incarcerated? Yes No
If yes, give the inmate's name, DC#, and your relationship to the inmate.
Name: _____ DC#: _____ Relationship: _____
4. Have you ever worked for the Florida Department of Corrections? Yes No
If yes, please indicate where and when you were employed. _____
5. Do you have any relatives working for the Department of Corrections? Yes No
If yes, provide: Name: _____
Relationship: _____ Work Location: _____

In case of emergency notify: _____
Name (area code + number)

IN CONSIDERATION OF THE OPPORTUNITY TO SERVE IN THE DEPARTMENT OF CORRECTIONS AS A CITIZEN VOLUNTEER:

- I acknowledge that today I have been furnished with a copy of the volunteer rules,
- I have read, understood and signed an Acknowledgement of Responsibility to Maintain Confidentiality of Medical Information, DC2-813 and the PREA training “Read and Sign” for volunteers.
- I understand that I am responsible for reading and complying with the rules.
- I will work in cooperation with staff.
- I will honor the civil and legal rights of all offenders/inmates.
- I will not use my official position to secure privileges or advantages for myself.
- I will report unethical behavior or rule violations to an appropriate Department supervisor.
- I will not discriminate against any offender/inmate, employee, or prospective employee on the basis of race, gender, creed, national origin, or religious preference.
- I acknowledge the drug-free workplace policy of the Department of Corrections and I know I am subject to random drug testing.
- I agree to abide by the policies and procedures regarding confidentiality of records and medical information.

WAIVER OF LIABILITY

I hereby waive all liability to the Department of Corrections and its employees, for any and all injuries which may occur to me during my term of service with the Department of Corrections. Volunteers and interns, when working for the department, are covered by Worker’s Compensation in accordance with Chapter 440 of the Florida Statutes. I understand that I am the person responsible to ensure that I am in compliance with any and all applicable State Law, Department of Corrections Policy, or any Regulation which may affect me during this period.

I confirm that all the information on the application is correct and have read the Acknowledgement of Responsibilities, Waiver of Liability, and agree to abide by the conditions therein.

Signature: _____ **Date:** _____

For Those Completing Regular Volunteer Training: _____

Person Conducting Volunteer Training: _____

Location: _____

Official Use:

F.A.S.T. Pin #:			
Training Date:	FCIC/NCIC¹		Hits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved:		Date:	

(Approving Authority²)

Signature of Volunteer _____ Date: _____ Volunteer’s Printed Name: _____

¹ An annual background check should be done for each active regular service volunteer. The temporary volunteer badge is produced in accordance with “Identification Cards,” Procedure 602.056.

² The Chaplaincy Services Administrator or institutional lead Chaplain is the approving authority when the volunteer has no previous period of incarceration or supervision. When a proposed volunteer has a previous period of incarceration or supervision, the approving authority is the Assistant Secretary for institutions or designee. (“Volunteers,” Procedure 503.004).

In accordance with section 119.071(5)(a)2, your social security number is being collected in order to complete an FCIC/NCIC security report so that you can be approved as a volunteer. The Department will not use the social security number collected for any purpose other than the purpose provided above. Qualified applicants are considered without discrimination based upon race, color, national origin, age religious preference, or handicap. Intentionally falsifying or omitting information may result in disapproval of your volunteer application.