



Date: _____

Purpose for Volunteering

- | | |
|--|--|
| <input type="checkbox"/> Give back to the community | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Campground host or resident volunteer | <input type="checkbox"/> College educational requirement |
| <input type="checkbox"/> Project for scouting or service group | <input type="checkbox"/> 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? Yes No
(Required for some duties)

Email Address _____

Emergency Contact Information

Name _____

Relationship _____

Telephone (Best) _____

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. _____

Are you willing to consider volunteering at other Florida State Parks? Yes No



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 5th Wheel Trailer/Camper Tent

Length or width of Unit (including slide out): L_____ W_____

RV minimum hook up necessary: YES NO

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:

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.

E	I		E	I		E	I	
<input type="checkbox"/>	<input type="checkbox"/>	Toll Collector	<input type="checkbox"/>	<input type="checkbox"/>	Office/Clerical	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping
<input type="checkbox"/>	<input type="checkbox"/>	Store Operations	<input type="checkbox"/>	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	Trail/Campgrd. Maint.
<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	Mowing/Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	Accounting/Finance
<input type="checkbox"/>	<input type="checkbox"/>	Carpentry/Constr.	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Tour Guide/Interpr
<input type="checkbox"/>	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Small Engine Repair
<input type="checkbox"/>	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	<input type="checkbox"/>	Resource Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equipment Repair	<input type="checkbox"/>	<input type="checkbox"/>	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