



VOLUNTEER APPLICATION
Florida Department of Environmental Protection
Office of Resilience and Coastal Protection



Purpose for Volunteering

- | | |
|---|--|
| <input type="checkbox"/> Give Back to the Community | <input type="checkbox"/> Educational Requirement |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Project for Scouting or Service Group |
| <input type="checkbox"/> CSO/Friends Group | <input type="checkbox"/> Other |

Applicant Information (Please submit a separate application for each individual.)

First Name	Middle Initial	Last name	Telephone #
Address (Home)			
City	State	Zip Code	
Email Address			
<p>Are you a minor (under 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, parent or guardian sign here:</p> <p>Print Name _____ X _____ Date _____ Signature</p>			

Do you have a valid Driver's License? (Required for some duties.) Yes No

Emergency Contact Information

Name	Relationship	Telephone (Best)
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Availability for

Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday					
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM					
How many hours a week can you volunteer?											
<p>Is your availability flexible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>											

Background & Experience

Education, Knowledge, Skills, Abilities, Experience:
Licenses, Certifications:

Hobbies, Interests:
Are you willing to supervise other volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No

Experience and Interests

Please check all of the boxes of those skills/duties that you are interested in performing.

Research:

- Sea Turtle Program
- Habitat or Wildlife Monitoring/Surveying
- Water Quality Fieldwork

Gardening

Education:

- Aquarium Care
- Education/Outreach
- Nature Center
- Estuaries Day

Stewardship:

- Plant/Animal Identification
- Restoration Management (controlled burn, exotics removal, trail maintenance, etc.)
- Construction/Repair

All Sections:

- Friends of the Reserve
- Office Projects
- Other _____ (fill in)

Coastal Training Program:

- Computer Software/Administrative

Background Information

1. Have you ever been asked to vacate a volunteer position?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
2. Have you ever been convicted of a felony or a first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
3. Have you ever plead Nolo Contendere or plead guilty to felony or a first degree felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
4. Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
5. If YES to any of the questions above, 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.

Acknowledgement

"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 Coastal Office to verify the information provided."

Print Name

X _____
Signature

Date

- The Volunteer Coordinator and/or Section Head will contact you with more details if you are selected to volunteer.
- You will be provided with a Volunteer Handbook, a DEP Volunteer Procedures Manual, and a General Release Form.
- If not fulfilling expectations on professionalism, work ethic, or deliverables, or if other concerns arise on ANERR's behalf, ANERR reserves the right to terminate the volunteer opportunity.