



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?
2. Have you ever been convicted on a misdemeanor or felony charge?
3. Do you have a relationship (for example parent, spouse, friend, etc) or are you currently on the visitation list of anyone incarcerated?
4. Have you ever worked for the Florida Department of Corrections?
5. Do you have any relatives working for the Department of Corrections?

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

DC5-601A (Revised 10/22/15)

In accordance with s. 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.

**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:**

<b>F.A.S.T. Pin #:</b>			
<b>Training Date:</b>	<b>FCIC/NCIC<sup>1</sup> Date:</b>		<b>Hits:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Approved:</b>		<b>Date:</b>	

**(Approving Authority<sup>2</sup>)**

Signature of Volunteer \_\_\_\_\_ Date: \_\_\_\_\_ Volunteer’s Printed Name: \_\_\_\_\_

<sup>1</sup> 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.

<sup>2</sup> 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).

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