



315 Hull Rd.  
 PO Box 112750  
 Gainesville, FL 32611  
 Phone: (352) 392-1900  
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**VOLUNTEER ENROLLMENT APPLICATION**

Name (Last) (First) (Middle)

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Mailing Address City State Zip

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Work Telephone Home Telephone Cell Phone

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Email: \_\_\_\_\_

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Emergency Contact Telephone Number

**What type of volunteer position are you interested in?** \_\_\_\_\_

**Please briefly list your education background:**  
 Highest grade or degree completed \_\_\_\_\_  
 Name of school \_\_\_\_\_  
 Dates of attendance \_\_\_\_\_

**List any professional license, registration, or certificate you currently possess** (include certificate/license number): \_\_\_\_\_

**List any special skills, interests, or hobbies:** \_\_\_\_\_

**List any special considerations or needs:** \_\_\_\_\_

**List two personal references not related to you whom you have known for more than one year:**

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY/STATE ZIP _____	CITY/STATE ZIP _____
PHONE _____	PHONE _____

**List your most recent volunteer or employment experience:**

EMPLOYER _____	COMPLETE MAILING ADDRESS _____	TELEPHONE _____
JOB TITLE _____	DATES OF VOLUNTEERSHIP/EMPLOYMENT _____	

**How did you hear about UFPA's Volunteer Program?** \_\_\_\_\_

**Where else do you currently volunteer?** \_\_\_\_\_

**Are you currently enrolled in *RSVP (Retired Senior Volunteer Program)*?** \_\_\_ If no, would you like more information? \_\_\_

**Specify the days and time frames you are available to volunteer:** \_\_\_\_\_

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

**Have you ever been convicted of or plead *nolo contendere* to a driving or criminal offense?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, please explain (including types of offenses and dates):

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references *may* be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application that it becomes public record. I agree to promptly disclose any of the actions referenced above that may occur AFTER completing this application if I am considered an active volunteer with University of Florida Performing Arts. I understand that failure to do so will result in my immediate dismissal and removal from active consideration for any position.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with the applicable Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

Finally, I understand the following **Terms and Conditions:**

**Volunteers are not considered to be employees of the State of Florida. Volunteer hours may be applied towards community service credits or as work experience when applying for a state position. Volunteers are covered by state liability protection (Chapter 768.28 FS) and by workers compensation (Chapter 440 FS). No other benefits or collective bargaining agreements shall apply. Volunteers shall comply with all applicable department and agency rules. This agreement may be cancelled at any time following notice by either party. Upon termination of this agreement, all uniforms, ID cards, and other university supplied property shall be returned. By signing this application, I hereby agree to the terms and conditions cited herein and authorize University of Florida Performing Arts to conduct a criminal history background check on me at any time during my service as a Volunteer.**

I affirm that all information on this application is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**INTERVIEWER'S COMMENTS  
(For Agency Use Only)**

Date of Interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Screening Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Screening Completed: \_\_\_\_\_

Date Orientation Completed: \_\_\_\_\_

**WORK ASSIGNMENT  
(For Agency Use Only)**

Program \_\_\_\_\_ Location \_\_\_\_\_

Supervisor \_\_\_\_\_ Date of Placement \_\_\_\_\_