



## VOLUNTEER APPLICATION

*All Volunteers must have a working email address as this is the primary means of communication.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Highest Level of Education Attained \_\_\_\_\_

Name of School \_\_\_\_\_ Date of Attendance \_\_\_\_\_

List any professional licenses or certificates \_\_\_\_\_

List any special skills or hobbies \_\_\_\_\_

Name and contact info of current employer \_\_\_\_\_

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

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

Please list 2 non-related personal references (Include Name and Contact info)

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

Availability: (Shows are primarily nights & weekends) \_\_\_\_\_

\_\_\_\_\_

*Some usher roles may require standing for up to two hours, lifting and carrying 20 lbs.  
or climbing two flights of stairs. If you need to request any accommodations,  
please let the Patron Services Coordinator know.*

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If answered 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 \_\_\_\_\_

**Please return completed application via Mail, Email or Delivery to:**

Event Staff Coordinator  
(352) 273-2458  
ehernandez@performingarts.ufl.edu  
University of Florida Performing Arts  
3201 Hull Road  
PO Box 112750  
Gainesville FL 32611-2750

**For Office Use Only:**

Date Received: \_\_\_\_\_

Emailed: \_\_\_\_\_

Orientation: \_\_\_\_\_