



VOLUNTEERS IN PUBLIC SERVICE (VIPs) APPLICATION

**Return Applications to: Parks, Recreation and Conservation Department
6105 E. Sligh Ave. Tampa FL. 33617 Attn: Carlos Curnow
Telephone: (813) 612-7934 Fax: (813) 744-5967**

Instructions: This application must be filled out completely, accurately, signed and dated to be processed. All statements may be subject to a background check by the department. If applicants are 16 and 17 years of age, parental or legal guardian consent must be signed where indicated

below. Please attach a legible copy of your Driver License or State of Florida ID Card for identification.

**PERSONAL INFORMATION
PLEASE PRINT**

First Name:	Middle Initial:	Last Name:
Birth Date:	Social Security Number:	Email Address:
Mailing Address:		Home Phone Number:
		Cell/Work Phone Number:
Emergency Contact Name:	Daytime Phone Number:	Second Phone Number:

SOCIAL SECURITY DISCLOSURE-- In compliance with Section 119.071(5) and pursuant to Section 125.9502, Florida Statutes, this document notifies you that your social security number is imperative for the performance of the duties and responsibilities of the Hillsborough County Parks, Recreation and Conservation Department. Your social security number will be used to verify your identity and conduct applicant background and criminal history checks. If you do not voluntarily provide your social security number for these purposes, your service as a volunteer for the Hillsborough County Parks, Recreation and Conservation Department with access to children or senior citizens will be rejected. By signing this document I signify receipt of this disclosure.

VOLUNTEERS MUST PROVIDE THEIR OWN TRANSPORTATION

Do you have a car? YES NO Driver's License #: _____ Expiration. Date: _____

Do you have auto liability insurance? YES: ___ NO: ___ Do you have a Florida ID? YES ___ NO ___ ID # _____

PERSONAL AND WORK RELATED REFERENCES

Have you volunteered or work with us previously? YES: ___ NO ___ If yes, when: _____

Explain what you did: _____

Reference
Name: _____ Phone: _____ Relationship: _____

Reference
Name: _____ Phone: _____ Relationship: _____

RELATIVES

Do you have relatives employed by the Parks, Recreation and Conservation Department? If Yes, who, where and relationship? List all.

Section 2 - VOLUNTEER OPPORTUNITIES – Please check areas of interest

Athletics Bakas Equestrian Center Conservation Services Regional Parks
 Recreation Therapeutics Park Maintenance Other (Identify on next page)

<i>VOL. DAYS</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

I prefer to work in the general geographical location of: _____

I would like to volunteer to do: _____

I have skills in: _____

I wish to volunteer because: _____

Previous volunteer experience: _____

PARENT / GUARDIAN CONSENT

If the volunteer is under 18, this portion must be completed by parent or legal guardian.

I, _____, as parent or legal guardian of _____ hereby give my consent for him/her to participate as a volunteer in Hillsborough County Parks, Recreation and Conservation Department's VIPs program. I understand that there will be supervision by a County employee.

Signature: _____

Date: _____

SECTION 3 - PERSONAL INFORMATION

LIABILITY: Hillsborough County is self-insured. Volunteers must report any incidents, accidents or injuries immediately

HILLSBOROUGH COUNTY IS A DRUG FREE WORKPLACE. BACKGROUND CHECKS WILL BE COMPLETED PRIOR TO BEING AUTHORIZED TO VOLUNTEER. I understand that some applications may be processed through the Sheriff's Office or via other means. I also understand that some sections may require additional personal information and/or an interview.

Have you ever been convicted of a felony or a misdemeanor (or smaller offense by court martial); pled nolo contendere (no contest) to such an offense; or pled guilty to such an offense? (Driving infractions should not be listed if non-criminal)

Yes: _____ No: _____ If yes, please provide the following information:

Date(s): _____ State: _____ County: _____

Offense(s): _____

Disposition(s): _____

Have you ever been charged with operating a motor vehicle under the influence of alcohol or drugs? Yes: _____ No: _____ If yes, please provide the following information:

Date(s): _____ State: _____ County: _____

Offense(s): _____

Disposition(s): _____

PLEASE SIGN HERE

I certify that the information contained within this application is accurate and complete. I understand that falsification or omission of any information may lead to my not being authorized to volunteer with the Parks, Recreation and Conservation Department.

Volunteer Signature: _____ Date: _____

ATTACHMENT 1

Background Check/Investigation Disclosure and Authorization Form

By signing the release below, I hereby authorize Hillsborough County to contact any and all corporations, former employers,, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to Hillsborough County.

In compliance with Section 119.071(5), Florida Statutes (Public Records Law) by this document the Hillsborough County Office discloses to you that your Social Security number is requested for the purpose of applicant and employee background and criminal history checks, identity verification, verification of past employment, new hire and unemployment reporting, processing employment benefits, drug screening, income reporting, Worker's Comp reporting, payroll processing and reporting and will be used solely for those purposes.

I understand that my employment with Hillsborough County is subject to satisfactory completion of a background check/investigation, including verification of information I supplied in my application for employment.

I release from all liability all persons, companies, and schools supplying such information. I release Hillsborough County from and indemnify Hillsborough County against any liability whatsoever in connection with such background investigation and the use of the results there from in the employment process. I also understand that I will be given a copy of the background check/investigation report, should any adverse action or non-selection be considered because of the results of the report.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Print Name: _____

Other name(s) used: _____

Address: _____

Date received degree (if applicable): _____

University/School degree earned from: _____

Social Security #: _____ DOB: _____

Driver's License Number & State: _____

(Signature of Applicant)

(Date)