



General Instructions for Completion of Application

- Type or print in ink.
- Sign and date the Certification Section.
- Submit the completed application to: Florida Department of Transportation, 605 Suwannee Street, MS 50, Tallahassee, Florida 32399-0400 or fax to: (850) 414-5299

Personal Information

Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Volunteer Service

What type of volunteer services are you interested in: _____

Number of hours per week you are available to volunteer: _____

How long can you commit yourself as a volunteer? 1-3 Months 3-6 Months Longer _____

Education

Name of School	Location	Dates of Attendance	Course of Study (Certificate, Degree or Area of Study)

Volunteer and/or Work Experience

Employer/Organization	From – To Dates	Duties and Responsibilities



Personal References	
(List two (2) references who are not related to you but who knows you well and can evaluate your qualifications and ability to be a volunteer.)	
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:

Certification
<p>I hereby understand and acknowledge that I will not be compensated by or be eligible for any benefits, with the exception of Workers' Compensation and State Liability Protection, with the State of Florida or the Florida Department of Transportation for any work performed by me as an unpaid volunteer for the Florida Department of Transportation. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for purposes related to volunteer opportunities within the Florida Department of Transportation. This consent shall continue to be effective during my period as a volunteer, if I am accepted. I understand upon submission of this application it becomes public record. I certify that to the best of my knowledge and belief all of the statements contained herein are true, correct, complete, and made in good faith.</p> <p>SIGNATURE: _____ DATE: _____</p>

Parental Consent
(If you are under the age of 18, your custodian parent must complete and sign the below statement.)
<p>I, _____, am the custodian parent of the said volunteer applicant and hereby give consent for him/her to perform volunteer work, if accepted, with the Florida Department of Transportation.</p> <p>SIGNATURE: _____ DATE: _____</p>

To Be Completed by Supervisor
<input type="checkbox"/> Check here if the volunteer requires computer access.
Cost Center: _____ Name of Supervisor: _____ Start Date: _____