



Department of Agriculture and Consumer Services  
Florida Division of Forestry



CHARLES H. BRONSON  
COMMISSIONER

**VOLUNTEER APPLICATION**

110.501 – 110.504, F.S

**Full Name of Group or Individual:** \_\_\_\_\_  
*Last* *First* *Middle*

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone #:** (     ) \_\_\_\_\_ **Cell #:** (     ) \_\_\_\_\_

**Driver License #:** \_\_\_\_\_ **Unit/District:** \_\_\_\_\_

**Current or last employer:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Which general volunteer categories are you or your group most interested in?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Archaeology              | <input type="checkbox"/> Historic Preservation      | <input type="checkbox"/> Sign Language           |
| <input type="checkbox"/> Botany                   | <input type="checkbox"/> Mechanical Maintenance     | <input type="checkbox"/> Timber/Fire Management  |
| <input type="checkbox"/> Campground Host          | <input type="checkbox"/> Natural Resources Planning | <input type="checkbox"/> Tour Guide              |
| <input type="checkbox"/> Computers                | <input type="checkbox"/> Office/Clerical            | <input type="checkbox"/> Trail/Campground Maint. |
| <input type="checkbox"/> Construction/Maintenance | <input type="checkbox"/> Pest Disease Control       | <input type="checkbox"/> Visitor Information     |
| <input type="checkbox"/> Dispatching              | <input type="checkbox"/> Range/Livestock            | <input type="checkbox"/> Wildlife                |
| <input type="checkbox"/> Fire Detection           | <input type="checkbox"/> Research/Library           | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Forestry Youth Academy   | <input type="checkbox"/> _____Resource Management   | _____  |

**What qualifications/skills/experience/education do you have to offer as a volunteer?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Backpacking/Camping      | <input type="checkbox"/> Drafting/Graphics         | <input type="checkbox"/> Livestock/Ranching         |
| <input type="checkbox"/> Biology                  | <input type="checkbox"/> First Aid Certificate     | <input type="checkbox"/> Living History/Reenactment |
| <input type="checkbox"/> Boat Operation/Canoes    | <input type="checkbox"/> Fishing                   | <input type="checkbox"/> Photography                |
| <input type="checkbox"/> Carpentry                | <input type="checkbox"/> Fund Raising              | <input type="checkbox"/> Public Speaking            |
| <input type="checkbox"/> Clerical/Office Machines | <input type="checkbox"/> Hand/Power Tools          | <input type="checkbox"/> Sign Language              |
| <input type="checkbox"/> _____Communications      | <input type="checkbox"/> Horses-Care/Riding        | <input type="checkbox"/> Storytelling               |
| <input type="checkbox"/> Computer Programming     | <input type="checkbox"/> Incident Command System   | <input type="checkbox"/> Teaching                   |
| <input type="checkbox"/> CPR Certification        | <input type="checkbox"/> Land Surveying            | <input type="checkbox"/> Writing/Editing            |
| <input type="checkbox"/> Crafts                   | <input type="checkbox"/> Landscaping/Reforestation | <input type="checkbox"/> Other _____                |

**Which months would you be available for volunteer work? (Check below) What year?** \_\_\_\_\_

- Jan.    Feb.    Mar.    Apr.    May    June    July    Aug.    Sept.    Oct.    Nov.    Dec.

**Which days of the week would you be available for volunteer work? (Check below) How many hours a week?** \_\_\_\_\_

- Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

**List the forests or areas of Florida where you would like to volunteer:** \_\_\_\_\_

Would you like to supervise other volunteers?  Yes  No

The Volunteer agrees to provide the following Volunteer services:

---

---

---

The Volunteer understands that the above-described services will be uncompensable. Volunteer hours may be used for work experience in applying for positions with the State of Florida.

Volunteers shall comply with all applicable department and agency rules.

No state employment, unemployment, leave, or hours of work provisions or collective bargaining agreements shall apply to volunteers.

This agreement may be canceled by either party at any time following notice of the other party.

The Volunteer further understands that volunteers are not considered employees of the State of Florida. Volunteers are covered by state liability protection in accordance with Chapter 768.28, F.S., and by Worker's Compensation in accordance with Chapter 440, F.S. *Volunteer's initial* \_\_\_\_\_.

**CERTIFICATION**

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for consideration. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness to investigators, personnel staff, and other authorized employees of Florida state government. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Florida Department of Agriculture and Consumer Services, Division of Forestry and the above named Volunteer enter into this Volunteer Agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

_____	_____
Center/District Manager	Date
_____	_____
Director, Division of Forestry	Date
_____	_____
Chief, Personnel Management	Date

---

---

**YOUTH VOLUNTEER PERMISSION SLIP**

*I, the undersigned parent or guardian of \_\_\_\_\_, do hereby grant permission for the above named child to participate in a volunteer activity at \_\_\_\_\_, a unit of the Florida Division of Forestry.*

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*