

**HERNANDO COUNTY GOVERNMENT
VOLUNTEER SERVICE APPLICATION**

(Please type or print clearly)

Attention: Volunteer Applicants Under the Age of 18 years – A parent or legal guardian must complete the Minor Release Form (Section IV) of this application.

SECTION I: General Information

TODAY'S DATE: _____ Email Address: _____

NAME: _____ PHONE # (H) _____

ADDRESS: _____ PHONE #(C): _____

DATE OF BIRTH: _____ FL. DRIVER'S LIC. # _____ EXP. DATE _____

STUDENT? ___Y___ N If Yes, name of school _____

EMPLOYED? ___Y___ N If Yes, name of employer _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____

EMERGENCY CONTACT'S PHONE NUMBER (inc. area code) : _____

HAVE YOU VOLUNTEERED FOR HERNANDO COUNTY BEFORE? ___Y___ N

If yes, in what capacity? _____

When did you volunteer? _____

PLEASE INDICATE IF YOU HAVE COURT-ORDERED COMMUNITY SERVICE HOURS:
___Y___ N If yes, how many hours _____

What is the charge? _____

County Government office/area where you wish to volunteer: _____

Volunteer Experience: _____

Work Experience: _____

Skills/Talents/Hobbies: _____

Day/Times Available (circle day and note time) Sun/ _____ Mon/ _____ Tues/ _____
Weds/ _____ Thurs/ _____ Fri/ _____ Sat _____

Are you volunteering to work a specific event? ___Y___ N

If yes, what is the event: Name/Date: _____

Section II: Background Checks/Screenings

Have you ever been convicted of a felony or a misdemeanor (or similar offense) by court martial or plead nolo contendere (no contest) to such an offense, or plead guilty to such an offense (including all instances of the foregoing, even if adjudication was withheld or if you were placed on probation)? Yes No If yes, state the court, crime committed, disposition of case, and dates:

Are criminal charges pending against you? yes no If yes, please supply details: _____

Release: I understand that a background check may be conducted. I also understand that the results of the background check will be used in making a decision concerning my suitability as a volunteer for Hernando County. All background checks will be treated as confidential. Should a disqualifying offense be found, I will be given the opportunity to verify information and correct errors. Final decisions will be made by Hernando County management on suitability for volunteer status.

I agree to a background check I do NOT agree to a background check

Signature of Applicant

Printed Name

Section III: Release Form (To be completed by all applicants)

Name of Applicant: _____

Today's Date: _____

I, the above-named applicant, agree to act as a volunteer for Hernando County Government (the "County"). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a volunteer basis, without any pay, compensation, or benefits. I agree to comply with the rules and regulations established by the County to include, but not limited to, accurate recording of volunteer hours. Failure to comply with the rules and regulations may result in my immediate removal as a volunteer. If I am convicted of or plead no contest to a crime during my tenure as a volunteer, I agree to notify the Volunteer Coordinator immediately.

I understand that during the course of my volunteer activities, I may come into contact with individuals who have not received a background screening.

I agree I do NOT agree

Signature of Applicant

Printed Name

Disqualifying Offenses

Applicants guilty of the following disqualifying offense(s) shall be denied coaching/volunteer privileges. Guilty means that a person was convicted following a trial; or entered a guilty or nolo contendere (no contest) plea, regardless of whether there was an adjudication of guilt or a withholding of adjudication. This definition does not include criminal charges which resulted in successful completion of a pre-trial intervention program where there was no plea or a plea of innocent to the charge; acquittal, nolle prosequere; or dismissal of all charges.

1. All sex offenses regardless of the amount of time since offense.
2. All felony violence offenses regardless of the amount of time since offense (includes burglary)
3. All felony offenses within the past eight (8) years (other than violence or sex)
4. All misdemeanor violence offenses within the past six (6) years
5. All misdemeanor drug and alcohol offenses within the past two (2) years or multiple (more than one) offenses in the past six (6) years.
6. Any other offense, whether misdemeanor or felony, within the past fifteen (15) years that would be considered a potential danger to children or directly related to the functions of that volunteer.
7. Other acts the Department determines are grounds for disqualification.

Section IV: Minor Release Form (This section is to be completed by parent or legal guardian if applicant is less than 18 years old)

Name of Parent or Legal Guardian: _____

Relationship to Minor Applicant: _____

Name of Minor Applicant: _____

Phone Number of Parent or Guardian (include area code): _____

E-Mail Address of Parent or Guardian: _____

Today's Date: _____

I, the above-named parent or guardian, being the parent or legal guardian of the above-named minor applicant (the "Minor"), hereby consents and authorizes the Minor to act as a volunteer for Hernando County Government. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established by the County, to include, but not limited to accurate recording of volunteer hours. Failure to comply with the rules and regulations may result in the Minor's immediate removal as a volunteer. If the Minor is convicted of or pleads no contest to a crime during the Minor's tenure as a volunteer, both the parent and Minor agree to notify the volunteer coordinator immediately.

I understand that during the course of the Minor's volunteer activities, he/she may come into contact with an individual who has not received a background screening.

_____ I agree _____ I do NOT agree

Signature of Parent/Guardian

Printed Name

Submit Application to:
Community Relations Office
Hernando County Government Center
20 N. Main Street, Room 263, Brooksville, FL 34601
Brendaf@co.hernando.fl.us (352) 540-6780