

FLORIDA DEPARTMENT OF CORRECTIONS
Volunteer Application



INFORMATION:

Name: _____
Last First Middle Maiden

Personal Address: _____
Street Address

City State Zip Telephone #1

Telephone #2 Fax # E-Mail

Religious/Denominational Affiliation: _____

Group/Sponsor Information:

Group Name: _____ Group Leader: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

A background check is required; please provide the following information for that purpose:

Driver's License #: _____ DOB: _____

Gender: _____ Race/Ethnic Origin: _____ SSN: _____

Have you ever been arrested on a misdemeanor or felony charge? Yes No If yes, explain: _____

Have you ever been convicted on a misdemeanor or felony charge? Yes No If yes, explain: _____

(A criminal record will not automatically exclude you from volunteer/intern service.)

Have you ever worked for the Florida Department of Corrections? Yes No If yes, specify the facility/office, location, and dates. _____

Do you have any relatives working for the Department of Corrections? Yes No If yes, provide:

Name: _____ Relationship: _____

Work Location: _____

Do you have any relatives or friends under the custody/care/control of the Department of Corrections? Yes No If yes, provide: Name: _____

Relationship: _____ Facility: _____

In case of emergency notify: _____
Name (area code + number)

I CONFIRM THAT ALL INFORMATION IS ACCURATE AND COMPLETE.

Signature:

Date:

II. GUIDELINES FOR ETHICAL AND BEHAVIORAL CONDUCT

In consideration of the opportunity to serve in the Department of Corrections as a Citizen Volunteer, I agree to abide by the following Ethical and Behavioral guidelines:

- ? Volunteers will work in cooperation with staff.
- ? Volunteers will honor the civil and legal rights of all offenders/inmates.
- ? No volunteer/intern will use his/her official position to secure privileges or advantage for himself/herself.
- ? No use of DC letterhead.
- ? No volunteer will use his/her official position to promote any partisan political purpose.
- ? Each volunteer will report unethical behavior or rule violations.
- ? Individuals will not discriminate against any offender/inmate, employee, or prospective employee on the basis of race, sex, creed, national origin or religious preference.
- ? Keep scheduled hours as agreed.
- ? Dress appropriately for the correctional environment.
- ? Abide by the rules, regulations, policies, and procedures of the Florida Department of Corrections.
- ? Acknowledge the drug-free workplace policy of the Department of Corrections and be subject to random drug testing.
- ? Without appropriate approval will not buy, give, exchange, etc., gifts, messages, money, or contraband with any individual under the supervision of the Department of Corrections or with anyone else acting on behalf of anyone under supervision.
- ? Avoid undue familiarity with any individual under the supervision of the Department of Corrections, except as noted in the Volunteer and Intern Procedure.
- ? Not allow my behavior to be influenced by the attempts of offenders/inmates to manipulate others for their own benefit.
- ? I agree to abide by the policies and procedures regarding confidentiality of records and information.

III. WAIVER OF LIABILITY

I hereby waive all liability to the Department of Corrections and its employees, for any and all injuries which may occur to me during my term of service with the Department of Corrections. Volunteers and interns, when working for the department, are covered by Worker's Compensation in accordance with Chapter 440 of the Florida Statutes. I understand that I am the person responsible to ensure that I am in compliance with any and all applicable State Law, Department of Corrections Policy, or any Regulation which may affect me during this period.

I have attended and received citizen volunteer training and have read the Guidelines For Ethical And Behavioral Conduct, Waiver of Liability, and agree to abide by the conditions therein.

Signature: _____ **Date:** _____