

## FLORIDA DEPARTMENT OF CORRECTIONS VOLUNTEER APPLICATION

## **Personal Information**

Name:						
Address:		First	First Mid		Maiden	
Address.		City		State	ZIP Code	
Telephone #1		Telephone #2		E-Mail Address		
Volunteer	Group Name:					
<u>Security (</u>	<b>Clearance Information</b>					
Social Security #:		Date of Birth:				
Race/Ethnic Origin:			Gender:	Male	Female	
Drivers License #:			DL State:	State:		
	. Have you ever been arrested on a misdemeanor or felony charge?					
•	Have you ever been convicted on a misdemeanor or felony charge?					
visitati	Do you have a relationship (for example parent, spouse, friend, etc) or are you currently on the disitation list of anyone incarcerated? I Yes I No Yes, give the inmate's name, DC#, and your relationship to the inmate. Name: DC#: Relationship:					
•		Florida Department of Corr nd when you were employe		Yes	🗌 No	
5. Do you have any relatives working for the Department of Corrections? If yes, provide: Name:				Yes	🗌 No	
Relatio		Work Locat	ion:			
In case of emergency notify:			(area	(area code + number)		
age • Inte	religious preference, or ha	dered without discrimination andicap. itting information may result	-		-	

## I CONFIRM THAT ALL INFORMATION IS ACCURATE AND COMPLETE.

Signature

Printed Name

Date

DC5-601A (Revised 2/08)

In accordance with s. 119.071(5)(a)2, your social security number is being collected in order to complete an FCIC/NCIC security report so that you can be approved as a volunteer. The Department will not use the social security number collected for any purpose other than the purpose provided above.