



VOLUNTEERS IN PUBLIC SERVICE (VIPs) APPLICATION

**Return Applications to: Parks, Recreation and Conservation Department
10119 Windhorst Road, Tampa, FL, 33619
Telephone: (813) 635-3500 Fax: (813) 635-3528
Attn: Human Services**

Instructions: This application must be filled out completely and accurately. All statements may be subject to a background check by the department. Application will not be accepted if all 3 pages are not filled out or signed. If applicants are under 18 years of age, parental or legal guardian consent must be signed where indicated below. Please attach a legible copy of your Driver License or State of Florida ID Card for identification.

PERSONAL INFORMATION

PLEASE PRINT

First Name:	Middle Initial:	Last Name:
Birth Date:	Social Security Number:	Email Address:
Mailing Address:		Home Phone Number:
		Cell/Work Phone Number:
Emergency Contact Name:	Daytime Phone Number:	Second Phone Number:

VOLUNTEERS MUST PROVIDE THEIR OWN TRANSPORTATION

Do you have a car? YES NO Driver's License #: _____ Expiration. Date: _____

Do you have auto liability insurance? YES: ____ NO: ____ Have you volunteered or work with us previously? YES: ____ NO: ____

If yes, when: _____ Explain what you did: _____

PERSONAL AND WORK RELATED REFERENCES

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Current or last employer: _____ Phone: (_____) _____

Job title: _____ Dates employed- From: _____ to _____

RELATIVES

Do you have relatives employed by the Parks, Recreation and Conservation Department? If Yes, who, where and relationship? List all.

Section 2

I am available for: one time events: _____ occasionally: _____ on an ongoing basis: _____
 (mark all that apply)

DAY	MORNING	AFTERNOON	EVENING	SECTION (circle dept. sections to volunteer in)
Monday				Regional Parks
Tuesday				Conservation Services
Wednesday				Recreation Services
Thursday				Therapeutics
Friday				Bakas Equestrian Center
Saturday				Athletics
Sunday				Maintenance

I would prefer to work in this general geographical location: _____

I would like to volunteer to do: _____

I have skills in: _____

I wish to volunteer because: Bright Futures (School) Community Service hours _____, Eagle Scout Projects _____,
 Leaders-In-Training (LIT) _____, Other _____

Previous volunteer experience: _____

PARENT / GUARDIAN CONSENT

If the volunteer is under 18, this portion must be completed by parent or legal guardian.

I, _____, as parent or legal guardian of _____
 hereby give my consent for him/her to participate as a volunteer in Hillsborough County Parks, Recreation and
 Conservation Department's VIPs program. I understand that there will be supervision by a County employee
 and that safety regulations pertaining to the job will be followed.

Signature: _____

Date: _____

SECTION 3

PERSONAL HISTORY

As a Hillsborough County volunteer, you will be afforded the following minimum benefits:

- **LIABILITY INSURANCE:** Hillsborough County is self-insured, and volunteers will be covered as to the same extent as employees are when performing their assigned duties. It is imperative that any incidents be reported to the supervisor immediately.
- **WORKERS' COMPENSATION:** Volunteers injured while performing their assigned duties will be covered by workers' compensation to the same extent as employees. It is imperative that any accident or injury be reported to the supervisor immediately.

When the County utilizes volunteers, it assumes certain risks; therefore, some personal questions have to be asked. When you work as a volunteer for the County, you are considered by law the same as an employee of the County. All information required on the Application will be used solely within the VIPs program.

HILLSBOROUGH COUNTY IS A DRUG FREE WORKPLACE. BACKGROUND CHECKS WILL BE COMPLETED PRIOR TO BEING AUTHORIZED TO VOLUNTEER.

Have you ever been convicted of a felony or a misdemeanor (or smaller offense by court martial); pled nolo contendere (no contest) to such an offense; or pled guilty to such an offense? (Driving infractions are not criminal and should not be listed)

Yes: _____ No: _____ If yes, please provide the following information:

Date: _____ State: _____ County: _____

Offense(s): _____

Disposition(s): _____

Have you ever been charged with operating a motor vehicle under the influence of alcohol or drugs? Yes: _____ No: _____

If yes, please provide the following information:

Date: _____ State: _____ County: _____

Disposition(s): _____

For safety reasons, I understand that some applications may be processed through the Sheriffs Office or via other means. I also understand that some sections may require additional personal information and/or an interview.

PLEASE SIGN HERE

I certify that the information contained within this application is accurate and complete. I understand that falsification or omission of any information may lead to my not being authorized to volunteer with the Parks, Recreation and Conservation Department.

Volunteer Signature: _____ Date: _____

INFORMATION BELOW FOR OFFICE USE ONLY

Interview Date: _____ Interviewed by: _____ Background Approved: yes ___ no ___

Referred to: _____ Dept Section(s): _____ Referral Date: _____

Authorized volunteer duties: _____

Restrictions: _____

Comments: _____