



APPLICATION FOR CONTRACTORS

Thank you for your interest in volunteering with the Florida Department of Health in Seminole County. Our hours of operation are Monday through Friday from 8 a.m. to 5 p.m. No weekend hours are available unless there are community outreach events taking place that you would like to participate in.

SECTION 1: CONTACT INFORMATION

Name _____ Age (18 & above) _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

SECTION 2: AREAS OF INTEREST (please check all that you are interested in)

Epidemiology _____ Environmental Health _____ Florida Healthy Babies _____

HIV/AIDS Program _____ Women, Infants and Children (WIC) _____

Performance Management _____ Tuberculosis/Refugee Health _____

Office of Health Promotion and Education _____

SECTION 3: AVAILABILITY

Please indicate your desired start date _____.

Please indicate the days and times you are available. Our hours of operation are Monday – Friday, 8 a.m. – 5 p.m.

Please indicate your availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday outreach
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SECTION 4: ADDITIONAL INFORMATION

Please list any professional licenses, registrations, or certificates you currently possess (include the certificate or license number).

Please list any specialties or skills:

Please list two personal references, not related to you, whom you have known for more than one year:

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

SECTION 5: BACKGROUND INFORMATION

Note: We are required to perform a level two background screening on all interns. Previous screenings are not accepted, unless from another Florida health department within one year.

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes No

If yes, please explain (including types of offences and dates):

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

Signature _____ Date _____