



VOLUNTEER ENROLLMENT APPLICATION
Manatee County Medical Reserve Corps



Last Name _____ **First Name** _____ **Middle Initial** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Work Phone _____ **Home Phone** _____ **Cell Phone** _____

Email _____ **Emergency Contact (Name/Phone)** _____

What type of volunteer position are you interested in? _____

List any professional license, registration, or certificates you currently possess (include certificate/license number):

List any special skills, interests, or hobbies: _____

List any special considerations or needs: _____

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

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

List your most recent volunteer or employment experience:

Employer: _____

Full Address: _____

Job Title: _____

Telephone: _____

Vol/Emp Dates: _____

Specify the days and times you are available to volunteer:

Day of Week Hours

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Day of Week Hours

Thursday _____

Friday _____

Saturday _____

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 offense & 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 related 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. (Type full name below as signature if Emailing form)

Signature _____

Date _____

**INTERVIEWER'S COMMENTS
(For Agency Use Only)**

Date of Interview: _____ Interviewer's Name: _____

Screening Required: Yes No Date Screening Completed _____

Date Orientation Completed _____

**WORK ASSIGNMENT
(For Agency Use Only)**

Program _____

Location _____

Supervisor _____

Date of Placement _____

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Resources, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.

Mail completed form to: Manatee County Medical Reserve Corps
410 Sixth Avenue East
Bradenton, Florida 34208
(941) 741-3005

Fax: (941) 747-7347
ManateeMRC@FLHealth.gov