

**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:** \_\_\_\_\_

<b>Group/Sponsor Information:</b>			
<b>Group Name:</b> _____	<b>Group Leader:</b> _____		
<b>Address:</b> _____	<b>Phone:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	

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:** \_\_\_\_\_

**ACKNOWLEDGMENT OF RESPONSIBILITY**

**TO MAINTAIN CONFIDENTIALITY OF MEDICAL INFORMATION**

By virtue of your employment with the Florida Department of Corrections, you may need to know and, therefore, may be informed of certain medical/mental health information pertaining to individual inmates necessary to perform your assigned duties and/or to classify and transfer inmates to facilities appropriate for delivery of the required health care services for diagnosed medical/mental health conditions.

State law, and in some instances, federal law, mandates that medical/mental health information be kept confidential unless specific written authorization is given by the patient or unless compelled by court order or subpoena when certain conditions are met for release of the medical/mental health information.

By signing this form, you acknowledge that you must maintain as confidential all medical/mental health information regarding any inmate which you obtain in conjunction with your duties and responsibilities and you further acknowledge that you may not disseminate this medical/mental health information to or discuss the medical/mental health condition of an inmate with any person except those persons directly necessary to the performance of your duties and responsibilities. If you have been designated as a member of the department's Healthcare Transfer Team, you may not disseminate inmate medical information to or discuss the medical condition of an inmate with any person except other members of the Healthcare Transfer Team, medical staff, upper level management at the institutional/facility level, regional level, and central office level, or department attorneys. The dissemination or discussion of inmate medical information with the team members or persons enumerated herein shall only be to the extent necessary for the provision of health care to the inmate; the health and safety of others; law enforcement purposes; the administration and maintenance of safety, security and good order of the institution; and other purposes as authorized by law.

Breach of this confidentiality may result in monetary liability and/or civil or criminal penalties imposed by law, and shall subject you to discipline, up to and including dismissal, for violation of department rules.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Social Security Number

# DEPARTMENT OF CORRECTIONS CITIZEN VOLUNTEER JOB DESCRIPTION

JOB TITLE: \_\_\_\_\_ **CITIZEN VOLUNTEER:** \_\_\_\_\_  
(example: Worship Leader, Study Leader, Mentor, etc.)

**Facility:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Frequency and Hours:**

\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other: \_\_\_\_\_ Service Hours: \_\_\_\_\_

RESPONSIBILITIES:

- 1) Provide supervision of inmates/offenders assigned to their activity and ensure compliance with all Department rules and regulations.
- 2) Coordinate their activities with the supervisor and/or the staff.
- 3) Inform their supervisor and/or staff of any information or activity that may be a threat to the security of the institution or safety of any individual.
- 4) Other: (specify)

\_\_\_\_\_  
\_\_\_\_\_

- 5) Other: (specify)

\_\_\_\_\_  
\_\_\_\_\_

**Job Related Skills, Education, Certification or Licensure:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Volunteer**                      **Date**

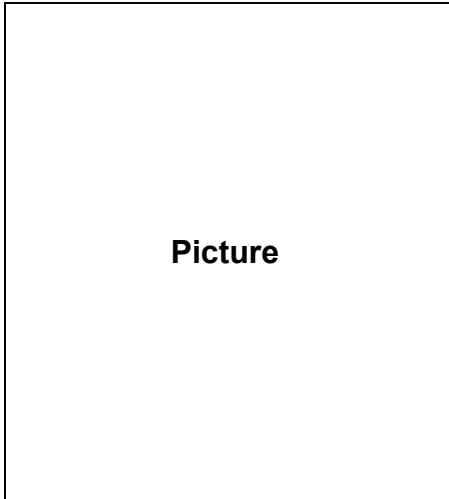
Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor                                      Date

**STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS**

**Regular Volunteer  
Information Sheet**



**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

SS#	Color Hair	Color Eyes	Height	Weight	DOB	Sex	Race

(This information is Confidential and is to be kept in a locked file)

**Official Use:**

**Facility/Department:** \_\_\_\_\_

**Training Date:** \_\_\_\_\_

**FCIC/NCIC Date:** \_\_\_\_\_

An annual background check should be done for each regular service volunteer. The regular service volunteer/intern identification card shall be produced in accordance with departmental procedures.

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Approving Authority)

I acknowledge receiving a volunteer/intern identification card. I understand that it is the property of the Department of Corrections and must be returned upon termination of my service as a volunteer/intern.

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Volunteer/Intern) (Issue Date)

(To be signed upon receiving ID card)