



ADULT VOLUNTEER APPLICATION
PRINT CLEARLY – USE BLACK INK ONLY

Camp Fire volunteers must complete a Florida Department of Law Enforcement criminal background check, we ask that each adult volunteer pay \$25 to cover the cost of this screening.

All information requested is confidential and is critical in the everyday operation of Camp Fire.

Adult Volunteer Form
Office use: Valid from

_____ to _____

Name		Mailing Address		License #, State & Expiration Date	
Social Security Number		City	State	Zip	Auto Insurance Company:
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Address – if different		Auto Insurance Policy Number:	
Email Address		City	State	Zip	Do you live in Polk County? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive the email version of our newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone:		If yes, for how long?	
Home Phone		Occupation/Place of Employment		If you don't live in Polk Co. or have lived here less than 1 year, please list previous County, State & Duration of Residence:	
Best time to reach you:		Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cell/Other Phone		Race:		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial	
Ethnicity: (Choose one)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	(Check all that apply)			

NEW VOLUNTEERS – Please list three references(NO RELATIVES)

1) Name		2) Name		3) Name	
Relationship	Years Known	Relationship	Years Known	Relationship	Years Known
Email Address		Email Address		Email Address	
Phone		Phone		Phone	
Best time to call:		Best time to call:		Best time to call:	
Mailing Address		Mailing Address		Mailing Address	
City	State	Zip	City	State	Zip

Participant Name:

PLEASE READ CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS:

Have you ever been accused of breaking the law, charged with any offense including traffic violations, or been involved in a court action?

Yes No

Regardless of the outcome or whether it was a misdemeanor or a felony, please explain as fully as possible what happened (attach a separate piece of paper if needed).

NOTE: Since we run law enforcement background checks, do not attempt to conceal any prior problems. Whether they resulted in a conviction or not, they will show up on your record. Revealing a problem may not disqualify you from consideration as a volunteer. Any attempt to mislead or conceal information will be viewed as a serious act of dishonesty and your application to be a volunteer will be denied.

Staff use: CBI Run _____ (date) CBI Returned _____ (date) Follow-up necessary ____Y ____N

Why do you want to volunteer?

Do you have experience working with youth? Yes No

Please explain:

Have you ever worked with children or adults with disabilities? Yes No

Please explain:

Do you have any special education, training or skills? Yes No

Please explain:

I certify that the information herein is true and complete to the best of my knowledge. I understand background checks on those applying may be conducted at any time through law enforcement agencies. I authorize investigations of all statements contained in this application including my Department of Motorized Vehicles history. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation or consideration for dismissal as a volunteer. I give my permission to contact the persons listed as references. This form is obtained from all volunteers, and all information is confidential and critical in the everyday operation of Camp Fire.

I give permission to use photographs and/or videos in which I appear for Camp Fire or council publicity.

I understand the responsibility and requirements for being a Camp Fire volunteer. If approved, I will carry out those responsibilities or requirements for the minimum of one year and will participate in the council's fundraisers. I will abide by the council's policies, procedures and code of conduct. If at any time I find I am no longer able to continue as a volunteer, I will immediately notify the council.

I understand that if I fail to uphold this agreement I may be removed as a volunteer.

Signature of Applicant _____

Date _____

STAFF USE: DATE PAID ____/____/____ AMT: \$_____

APPROVED: YES _____ NO _____ STAFF INITIALS _____ DATE _____

INPUT DATE _____

NOTES: