



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

VOLUNTEER APPLICATION



PROGRAM	Becoming An Outdoors-Woman (BOW)	<input type="checkbox"/> Commission Employee Volunteer (CEV) <input type="checkbox"/> Regular Service Volunteer (RSV)
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SECTION A - BACKGROUND INFORMATION: *(To be completed by volunteer)*

First Name:	Last Name:	Middle Initial :	Date of Birth:
Street:	City:	State:	Zip:
E-mail:	Telephone: () - (home)	() - (other)	
Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what county or region?			DL # :
Emergency Contact Information:	Name:	Relationship:	
	Telephone: () - (home)	() - (mobile)	

PLEASE PLACE AN "X" IN THE BOX TO MARK YOUR (E) PREVIOUS EXPERIENCE AND/OR (I) INTEREST:

E	I		E	I		E	I	
<input type="checkbox"/>	<input type="checkbox"/>	A. Introduction to Pan Fishing	<input type="checkbox"/>	<input type="checkbox"/>	J. Introduction to Shooting Sports	<input type="checkbox"/>	<input type="checkbox"/>	S. Hunter Safety Course
<input type="checkbox"/>	<input type="checkbox"/>	B. Introduction to Bass Fishing	<input type="checkbox"/>	<input type="checkbox"/>	K.. Introduction to Handgun Shooting & Hunting	<input type="checkbox"/>	<input type="checkbox"/>	T. Black Powder Firearms Basics
<input type="checkbox"/>	<input type="checkbox"/>	C. Introduction to Fly Fishing	<input type="checkbox"/>	<input type="checkbox"/>	L. Basic Archery & Bowhunting Skills	<input type="checkbox"/>	<input type="checkbox"/>	U. Basic Wilderness First Aid
<input type="checkbox"/>	<input type="checkbox"/>	D. Boating Basics	<input type="checkbox"/>	<input type="checkbox"/>	M. Basic Wilderness Survival Skills	<input type="checkbox"/>	<input type="checkbox"/>	V. Introduction to Shotgun Shooting & Hunting
<input type="checkbox"/>	<input type="checkbox"/>	E. Canoeing/Kayaking Basics	<input type="checkbox"/>	<input type="checkbox"/>	N. Outdoor Photography Basics	<input type="checkbox"/>	<input type="checkbox"/>	W. Bowhunting Course
<input type="checkbox"/>	<input type="checkbox"/>	F. Basic Camping/Backpacking Skills	<input type="checkbox"/>	<input type="checkbox"/>	O. Bird Watching Basics	<input type="checkbox"/>	<input type="checkbox"/>	X. Map and Compass Basics
<input type="checkbox"/>	<input type="checkbox"/>	G. Florida Whitetails	<input type="checkbox"/>	<input type="checkbox"/>	P. Introduction to Reading the Woods	<input type="checkbox"/>	<input type="checkbox"/>	Y. Knot Tying
<input type="checkbox"/>	<input type="checkbox"/>	H. Small Game Hunting Basics	<input type="checkbox"/>	<input type="checkbox"/>	Q. The Primitive Chef	<input type="checkbox"/>	<input type="checkbox"/>	Z. Introduction to Geocaching & GPS
<input type="checkbox"/>	<input type="checkbox"/>	I. Talkin' Turkey	<input type="checkbox"/>	<input type="checkbox"/>	R. Basic Personal Safety Skills	<input type="checkbox"/>	<input type="checkbox"/>	AA. Aquatic Ecology Basics
Other:			Other:			Other:		

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek

Please provide a brief description of your teaching background (professional or voluntary)

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges: _____

Where convicted? _____ Date of Conviction: _____

For the protection of our youth, any volunteer working where children regularly congregate will have a background check conducted.

All Volunteers:

I offer and agree to volunteer my services to assist the Florida Fish and Wildlife Conservation Commission (FWC) in according to the understanding that I am not an employee and not subject to any provision of law related to state employment except as provided in 110.504, Florida Statutes. I also understand while performing volunteer activities I will be covered by state liability protection under 768.28, Florida Statutes. I hereby give my permission for the FWC to obtain information relating to my criminal history record should my responsibilities include working with children. I also understand that as long as I remain a volunteer, the criminal history records check may be repeated at any time. I am at least 18 years old (or if I am younger than 18 my parent will consent to this agreement by signing below). If I have limitations that may prevent me from performing volunteer work, these limitations will be discussed with the volunteer team leader for work assignments to avoid personal injury. If I am injured while performing volunteer work, I will contact my team leader or the FWC supervisor for treatment information. I give permission to the FWC to use any photographs taken of me for promotional purposes of the FWC volunteer program. I also agree to present the class topic as outlined and as directed by the FWC. I further understand that this certification may be revoked or suspended without recourse if I fail to meet the standards or intent of this program.

Volunteer Signature

Date

Signature of Parent or Guardian (*if volunteer is under 18*)

Date

Supervisor Signature

Date

Background Check Authorization



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION BOW VOLUNTEER INSTRUCTOR Criminal Background History Check Authorization



CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

For the protection of our youth and the BOW program, we require volunteer's to undergo criminal background checks. Each volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Florida Fish and Wildlife Conservation Commission (FWC) to perform the criminal background search.

I hereby give my permission for the FWC to obtain information relating to my criminal history record, as received from the reporting agencies which may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer, the criminal history records check may be repeated at any time. If I am denied approval because of something contained in the records obtained by the Commission, I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify FWC, each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

Applicant's Signature

Applicant's Name Printed