



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