

TALLAHASSEE PARKS, RECREATION AND NEIGHBORHOOD AFFAIRS DEPARTMENT VOLUNTEER INFORMATION SHEET

PROGRAM: _____ **PARK** _____

FULL NAME: _____ DATE OF BIRTH _____
(PRINT)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ WORK #: _____ CELL # _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

STATE: _____ EXPIRATION DATE: _____ RACE: _____ SEX: _____

Criminal History Information – If your answers to the questions below do not accurately and completely reflect your criminal history, you may be eliminated from further consideration. If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A “yes” answer to any questions(s) will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

Have you ever been convicted of a felony or a first-degree misdemeanor? Yes _____ No _____
Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? Yes _____ No _____

If you answered yes to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor:

<u>CHARGE</u>	<u>DATE OF DISPOSITION</u>	<u>COUNTY/STATE</u>

Are you a U.S. citizen? YES _____ NO _____

If you are not a U.S. citizen, do you possess official documentation that authorizes you to work in the U.S.?
YES _____ NO _____

Name of Team You Will Be Coaching: _____ Age Group: _____
(or area you want to volunteer)

Are You NYSCA Certified? YES _____ NO _____

Please list any volunteer / paid coaching experience you have:

By my signature below, I understand that the Tallahassee Parks, Recreation and Neighborhood Affairs Department may conduct any criminal background check they deem appropriate or mandated by law:

Signature Date

For Office Use Only:

Background Check Completed By: _____
Signature Date

Type of Background Check Done: _____