

Department of Agriculture and Consumer Services Division of Animal Industry



ANIMAL HEALTH PROFESSIONAL VOLUNTEER APPLICATION

110.501-110.504, F.S.

Full Name:	Middle Last
Flist	Middle
Mailing Address:	City St Zip
Email Address:	Date of Birth:/
Phone #: () Cell #: ()
Driver license #:	State
Which general Volunteer categories are	you interested in?
Livestock (cattle/dairy) Equine Wildlife Small animal (domestic) Laboratory diagnostics Animal sheltering/evacuations	Small livestock (swine, goat sheep) Poultry Exotic Disease/Pest control Administrative Animal rescue
	1?State State
Other:	
Special training or experiences:	
Are you willing to supervise others?	yesno Continued on the back →

The Volunteer understands that his/her service will not be compensated. Volunteer hours may be used for work experience in applying for positions with the State of Florida. Volunteers shall comply with all applicable department and agency rules and serve under the incident command structure for ESF 17 established in response to an emergency. No state employment, unemployment, leave, or hours of work provisions, per diem or travel reimbursement or collective bargaining agreements shall apply to volunteers. Volunteer service under this agreement must be authorized prior to activation and documented by receipt of an official identification card that will be carried by the volunteer during their time of service. This agreement may be cancelled by either party at any time following notice of the other party. The Volunteer further understands that volunteers are not considered employees of the State of Florida. Volunteers are covered by state liability protection in accordance with Chapter 768.28, F.S., and by Worker's Compensation in accordance with Chapter 440, F.S. Volunteer's initials . **CERTIFICATION** I am aware that any omission, falsification, misstatements or misrepresentations above may disqualify me for consideration. I understand that any information I give may be investigated as allowed by law. I consent to the release of information to investigators, personnel staff and other authorized employees of Florida state government. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, and complete and made in good faith. Volunteer's Signature: _____ Date____ The Florida Department of Agriculture and consumer Services, Division of Animal Industry and the above named Volunteer enter into this Volunteer Agreement on this ______ day of _____, 20____. Date _____ Manager, Veterinary Corps Director, Division of Animal Industry Chief, Personnel Management