



FLORIDA DEPARTMENT OF CORRECTIONS
VOLUNTEER APPLICATION

Personal Information

Name: Last First Middle Maiden
Address: City State ZIP Code
Telephone #1 Telephone #2 E-Mail Address

Volunteer Group Name:

Security Clearance Information

Social Security #: Date of Birth:

Race/Ethnic Origin: Gender: Male Female

Drivers License #: DL State:

1. Have you ever been arrested on a misdemeanor or felony charge? Yes No
If yes, explain. (Use additional paper if necessary)

2. Have you ever been convicted on a misdemeanor or felony charge? Yes No
If yes, explain. (Use additional paper if necessary)

3. Do you have a relationship (for example parent, spouse, friend, etc) or are you currently on the
visitation list of anyone incarcerated? Yes No
If yes, give the inmate's name, DC#, and your relationship to the inmate.
Name: DC#: Relationship:

4. Have you ever worked for the Florida Department of Corrections? Yes No
If yes, please indicate where and when you were employed.

5. Do you have any relatives working for the Department of Corrections? Yes No
If yes, provide: Name:
Relationship: Work Location:

In case of emergency notify: Name (area code + number)

- Qualified applicants are considered without discrimination based upon race, color, national origin, age religious preference, or handicap.
Intentionally falsifying or omitting information may result in disapproval of your volunteer application.

I CONFIRM THAT ALL INFORMATION IS ACCURATE AND COMPLETE.

Signature

Printed Name

Date

DC5-601A (Revised 2/08)

In accordance with s. 119.071(5)(a)2, your social security number is being collected in order to complete an FCIC/NCIC security report so that you can be approved as a volunteer. The Department will not use the social security number collected for any purpose other than the purpose provided above.