

**Leon County Division of Parks and Recreation  
2280 Miccosukee Road  
Tallahassee, FL 32308  
(850) 606-1470 / Fax: (850)606-1471**

Leon County Division of Parks and Recreation strives to provide the best and safest experience for its participants at every level. By registering all volunteers, Leon County Parks and Recreation is better able to ensure that athletes and volunteers participate in a safe environment.

**Volunteer Application**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Street address only, NO P.O. BOXES)

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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**Background Information**

**PLEASE READ CAREFULLY**

A criminal record will not necessarily bar an applicant: a criminal record will be considered as it relates to specifics of the position for which you have applied. Nondisclosure of a criminal record will permanently disqualify and bar an applicant.

Have you ever convicted of any criminal offense, excluding minor traffic offenses? \_\_\_\_\_  
If so, please state offenses, conviction date, count, location, and circumstances of the same. \_\_\_\_\_

Have you pled nolo contendere? \_\_\_\_\_  
If yes, please give date, nature of offense and disposition: \_\_\_\_\_

**SOCIAL SECURITY NUMBER DISCLAIMER**

You are requested to provide voluntarily your Social Security Number to assist Leon County in conducting background checks of individuals who work or volunteer with children, the elderly, or the disabled (and the Florida Department of Law Enforcement [FDLE], which is conducting background checks on behalf of Leon County.) When conducting background checks, Leon County will disclose your Social Security Number only in a manner that does not permit personal identification of you by individuals other than representatives of Leon County or FDLE and only if the information is destroyed when no longer needed for the purposes for which the background check was conducted. By providing your Social Security Number, you are consenting to the use identified above. This request is made pursuant to the National Child Protection Act (NCPA) (1993), as amended and Section 943.052, Florida Statutes. Please note that you acknowledge the County will not be able to utilize persons who are unable or wish not to provide their Social Security Numbers. You may revoke your consent of the use of your Social Security Number at any time by contacting: Leon County, Human Resources Division, Room 202, 301 S. Monroe Street, Tallahassee, Florida 32301, **(850) 606-2400**

I authorize Leon County to verify information in this application and to perform a check of my background, as it applies for the volunteer jobs in which I have expressed an interest. I have no objection to having my record cleared through FDLE.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_