Hillsborough County
Florida

ACKNOWLEDGEMENT OF SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

I hereby consent to the use of my social security number for County business. Disclosure of social security numbers is required for employment by Federal law. The County Administrator collects and uses your social security number for purposes that include, but are not limited to the following: Identification verification; background and criminal history checks; drug screening; verification of education credentials; prior military service, and past employment credit score verification; Hillsborough County government employment status verification; connection with their employment-related databases; I-9 verification, new hire and unemployment reporting; worker's compensation reporting; payroll processing and reporting; benefits, insurance, and retirement reporting, and any other legitimate employment-related purposes. This is ion compliance with Section 119.071(5), Florida Statutes.

EMPLOYEE ACKNOWLEDGMENT:

By my signature below, I acknowledge my understanding of the above statement.

SIGNATURE _____ DATE _____

Please print the following information legibly:

FIRST NAME _____ MI _____ LAST NAME _____

EEIN/HRIS # _____

CADPR
PROCESS LEVEL

VOLUNTEER
USER LEVEL

HILLSBOROUGH COUNTY PARKS, RECREATION, AND CONSERVATION DEPARTMENT

HILLSBOROUGH COUNTY ATHLETIC PROGRAMS
VOLUNTEER APPLICATION

WILL NOT BE PROCESSED WITHOUT COPY OF DRIVER LICENSE OR STATE OF FLORIDA ID

Full-time law enforcement officers may attach copy of ID and avoid background check

PLEASE PRINT CLEARLY FILL IN ALL APPLICABLE BLANKS

_____ / _____ / _____

Last Name First Name Middle Name

_____ / _____ / _____ / _____ / _____ / _____

Race Male Female D.O.B. YYYYMMDD Social Security Number League Name/Team

_____ / _____ / _____ / _____

Street Address City State Zip Code

_____ / _____ / _____

Home Phone Work or Cell Email Address (to receive approval notice) Print Clearly

DISQUALIFYING OFFENSES

Applicants guilty of the following disqualifying offense(s) shall be denied coaching/volunteer privileges. (Ref. Policy AS-100). Guilty means that a person was convicted following a trial; or entered a guilty or nolo contendere (no contest) plea, regardless of whether there was an adjudication of guilt or a withholding of adjudication; This definition does not include criminal charges which resulted in successful completion of a pre-trial intervention program where there was no plea or a plea of innocent to the charge; acquittal; nolle prosse; or dismissal of all charges.

1. All sex offenses regardless of the amount of time since offense
2. All felony violence offenses regardless of the amount of time since offense
3. All felony offenses within the past eight (8) years (other than violence or sex)
4. All misdemeanor violence offenses within the past six (6) years
5. All misdemeanor drug and alcohol offenses within the past two (2) years or multiple (more than one) offenses in the past six (6) six years
6. Any other offense, whether misdemeanor or felony, within the past fifteen (15) years that would be considered a potential danger to children or directly related to the functions of that volunteer
7. Other acts the Department determines are grounds for disqualification

AUTHORIZATION OF RELEASE OF INFORMATION

I, the undersigned, authorize the release to the Hillsborough County Parks, Recreation and Conservation Department any record or information concerning any crime committed or alleged to have been committed by me. This includes, but is not limited to, arrest records and conviction data. I hereby release any governmental, police or other agency as custodian of such records, including all officers, employees, or related personnel, both individually and collectively, for any and all liability for damages of any type which may at any time result to me, my heirs, family or associates because of compliance with this authorization.

I understand that failure to provide complete and accurate application information may result in the immediate denial of coaching/volunteer privileges. I grant permission to the Hillsborough County Parks, Recreation and Conservation Department to verify all information provided in this application. I also understand that I may return this application in a sealed envelope in order to protect my privacy. I also understand that when this application is submitted to any county official, it becomes subject to the public records laws of Florida. If you believe that your personal information is legally exempt from the public records laws of Florida, please state why (e.g. current/former law enforcement officer)

_____

Final acceptance as a volunteer is based on an approved criminal records check and application.

Signature of Applicant_____ Date_____