

**TALLAHASSEE PARKS, RECREATION and
NEIGHBORHOOD AFFAIRS DEPARTMENT
VOLUNTEERS IN PARKS (V.I.P.) PROGRAM**

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: _____

Have you ever been convicted of a felony? YES _____ NO _____

If yes, state the nature of offense: _____

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 _____

Please list any special skills or experience that you have that you feel could be utilized by
the department (carpentry, gardening, etc.):

Please list specific areas you are interested in volunteering for (park clean up, Athletics,
trail maintenance, community centers, etc.):

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: _____