



**SW FLORIDA MEDICAL RESERVE CORPS
VOLUNTEER APPLICATION**

Last Name _____ First Name _____ MI: _____
Prefix/Suffix (circle all that apply): MD,RN,LPN,MPH,PhD,NREMT-P, NRENT-B, Other _____
Mailing Address: _____ City _____ Zip _____
Home Phone(day/evening) _____ Work _____ Cell _____
e-mail address (es): _____
Months available for volunteer activities _____
Emergency Contact: _____ Phone _____ Relationship _____
Retired/Employed: Current Position _____ Employer _____
Disaster Response Experience: no__ yes__ Type: _____
Language Skills: Language _____ Speak _____ Read _____ Write _____
Language _____ Speak _____ Read _____ Write _____
Have you ever been convicted of a felony for something other than a driving offence?
No__ Yes__ Explain: _____

VOLUNTEER STATUS

I am interested in: _____ Clinical Support _____ Non-Clinical Support _____
Profession/ Degree: _____
Fl. License/Certification:
Valid: yes/no Number _____ Type _____ Expiration date _____
Other states: _____
Valid: yes/no Number _____ Type _____ Expiration date _____

AREA(S) of INTEREST

Disasters and public health emergencies
 Mental Health
 Mass immunization / mass medication clinics/ pandemic activities
 Hospital support
 Community Outreach and Education Programs
 Administrative/ Support Services:
 Clerical Assistance Marketing/PR Social & Fundraising Communications: (web,
computer, newsletter, hotlines, phone tree, ham operators, translators),
Other:

I hereby authorize the verification of all necessary information, including employment, education, licensure, criminal history, and any other pertinent information related to this volunteer position. I certify that my answers are true and complete and that I have not knowingly withheld any information. I understand that any misrepresentation or omission of facts on this application may be a cause for non- selection of dismissal

Signature: _____ Date: _____

Mail to: Steve Fettner, LCHD, 2295 Victoria Ave., #207, Ft. Myers, FL 33901
FAX: 239-461-6101 VOICE: (239) 461-6109



VOLUNTEER ENROLLMENT APPLICATION

Name (Last) (First) (Middle)

Mailing Address City State Zip

Work Telephone / Home Telephone / Cell Phone

Email: Emergency Contact Telephone Number

What type of volunteer position are you interested in?

List any professional license, registration, or certificate you currently possess (include certificate/license number):

List any special skills, interests, or hobbies:

List any special considerations or needs:

List two personal references not related to you whom you have known for more than one year:

NAME	NAME
ADDRESS	ADDRESS
CITY/STATE ZIP	CITY/STATE ZIP
PHONE	PHONE

List your most recent volunteer or employment experience:

EMPLOYER	COMPLETE MAILING ADDRESS	TELEPHONE
JOB TITLE	DATES OF VOLUNTEER/EMPLOYMENT	

Specify the days and time frames you are available to volunteer:

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

Have you ever been convicted of or plead nolo contondoro to a criminal offense?
 Yes _____ No _____ If answer is yes, please explain (including types of offenses and dates):

Lee County Health Department
Section 110.501 Florida Statute Volunteer
State Liability Protection

Medical volunteers, as defined in Section 110.502 Florida Statutes have state liability protection when they volunteer uncompensated services for the Lee County Health Department. The volunteer benefits are set forth in Section 110.504 Florida Statutes. Volunteers are covered by state liability protection in accordance with the provisions of Section 768.28 Florida Statutes. This means that the volunteers have the same insurance coverage as state employees receive as “agents of the state”.

Section 768.28(9) Florida Statutes provides that and “agent of the state” shall not be held personally liable or named as a defendant in any lawsuit for any injury or damage suffered for any act or omission while performing volunteer services, unless that agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety or property. From a practical stand point what it means is if a Lee County Health Department patient files a lawsuit claiming a volunteer at the Health Department caused an injury in delivering services, the patient may only file the lawsuit against the state, not the individual volunteer. It also means that in any such lawsuit the Department of Insurance will hire and pay for a lawyer to defend the lawsuit. And lastly, it means in the same instance that if the court decides the patient has suffered damage as the result of an act of the volunteer while performing services at the clinic, that patient may only be awarded damages up to \$100,000. Of course any judgment or settlement is paid by the state. This is the patient’s exclusive remedy by statute, which means that a claim against the volunteer’s private malpractice insurance that may be in place for other purposes should not be successful. This statutory granted status could only be challenged in a court of law if the volunteer was not operating under the scope of his or her volunteer duties or found to be acting in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety and property. Volunteers are also covered by the State’s workers compensation plan when they are providing volunteer services.