NO PETS **Infantry Application Form** *NO PETS*

36th Annual Battle of Olustee Reenactment

February 17 – 19, 2012

UNIT NAME:_____
(PLEASE PRINT)

COMMANDING OFFICER: _____
(LIST RANK)

ADDRESS CORRESPONDENCE TO:_____
(NAME)

_____
(STREET OR PO BOX) CITY STATE ZIP CODE

TELEPHONE: _____ OR _____

E-MAIL:_____

Exemption From Public Disclosure

Are you a current or former law enforcement officer, other employee* or the spouse or child of one who is exempt from public records disclosure under S11907, F.S.?

*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support, and certain investigators in the Department of Children and Families.

☐ **Yes** ☐ **No**

Number of Unit Members Planning to Attend _____

***** Each Individual Unit Member Must Register On-Site *****

_____ Portray Confederate Only _____Portray Federal Only

This Unit is willing to galvanize to blue on Sunday _____ Number _____

We plan to arrive on _____AT @ _____O'CLOCK ____.M.

We will camp AUTHENTIC _____ "A" Tents _____ Wall Tents _____Shelter Halves

We will camp MODERN _____ Tent(s) _____ Camper(s) Size _____

We will need _____ modern spaces (area = _____ft.)

We are not camping _____

We wish to be BRIGADED WITH: _____

We will be bringing _____ horses.

PLEASE RETURN THIS FORM TO: Battle of Olustee, Registrar
Stephen Foster Folk Culture Center State Park
P.O. Drawer G
White Springs, FL 32096

UNIT MEMBERS PLANNING TO ATTEND

1._____ 11. _____

2._____ 12. _____

3._____ 13. _____

4._____ 14. _____

5._____ 15. _____

6._____ 16. _____

7._____ 17. _____

8._____ 18. _____

9. _____ 19. _____

10._____ 20. _____

The Volunteer understands the service of reenacting the Battle of Olustee is not for monetary compensation. Volunteer hours may be used for work experience in applying for positions with the State of Florida.

The Volunteer further understands that volunteers are not considered employees of the State of Florida. Volunteers are covered by state liability protection in accordance with Chapter 768.28, F.S. and by worker's compensation in accordance with Chapter 440 F.S. Volunteers shall comply with all applicable department and agency rules. No state employment, unemployment, leave, or hours of work provisions or collective bargaining agreements shall apply to volunteers.

This agreement may be cancelled by either party at any time following notice of the other party. This agreement for any volunteer may be cancelled for documented violations of safety rules and regulations.

This certifies that the above-named volunteers are participating in providing volunteer services described in the above volunteer agreement and that permission has been obtained from the parents of all volunteers under age 18.

_____ _____

President or other authorized official of Group Date

_____ _____

Acceptance for the Division of Recreation and Parks Date

Termination Date _____