

NO PETS

Medical Application Form
36th Annual Battle of Olustee Reenactment
February 17 - 19, 2012

NO PETS

UNIT NAME: _____
(PLEASE PRINT)

COMMANDING OFFICER _____
(LIST RANK)

ADDRESS CORRESPONDENCE TO: _____
(NAME)

(STREET OR PO BOX) CITY STATE ZIP CODE

TELEPHONE: _____ OR _____

E-MAIL: _____

_____ Portray Confederate Only _____ Portray Federal Only

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 *****

Our Medical demonstration area includes: _____ ft X _____ ft tent

We can set up for the:

_____ Friday 9:00 A.M. demonstration _____ Saturday 1:00 P.M. demonstration

We have the following SPECIAL NEEDS, MEDICAL PROBLEMS OR REQUESTS:

PLEASE RETURN THIS FORM TO: Battle of Olustee Registrar
Stephen Foster Folk Culture Center State Park
Post Office Drawer G
White Springs, Florida 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 _____