

VOLUNTEER APPLICATION

City of Boca Raton • Human Resources

201 West Palmetto Park Road • Boca Raton • Florida 33432

Phone (561) 393-7801 • Fax (561) 393-7908 • email: cvandenbroeck@ci.boca-raton.fl.us

PLEASE PRINT

MR./MS. Name _____ Email _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Are you a student? ____ Yes ____ No If yes, are you under 18? ____ Yes ____ No
What school do you attend? _____

Days/Times you are available to volunteer:

	MON	TUE	WED	THUR	FRI	SAT	SUN
AM							
PM							

Length of time you are available (1 month, 6 months, indefinite) _____

SKILLS: (check all that apply)

Entertainment ____ Tutoring ____
Bookkeeping ____ Writing ____
Computer skills ____ Reception/Greeter ____
Graphics ____ Clerical ____
Special Events ____ Filing ____
Special Projects ____ Word Processing ____
Disaster Training ____ Photography ____
Languages ____ Other _____

PLEASE INDICATE HOW YOU LEARNED ABOUT THE VOLUNTEER PROGRAM:

Cable TV (City Access) ____
Volunteer/Job Fair ____
Community Presentation/Event ____
Newspaper ____
Volunteer Hotline ____
City of Boca Raton Website ____
Referral ____
Other _____

POSITION(S) APPLIED FOR: _____

BRIEFLY DESCRIBE RELEVANT WORK AND/OR VOLUNTEER EXPERIENCE: _____

EDUCATIONAL BACKGROUND: _____

EMERGENCY CONTACT:

Name _____ Phone (____) _____ Cell phone: (____) _____

REFERENCES: (other than relatives)

Name _____ Phone (____) _____

Name _____ Phone (____) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ____ No ____ Type _____ Year _____

SIGNATURE _____ DATE _____

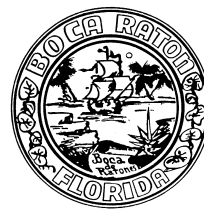
FOR OFFICE USE

Interviewed By _____ Volunteer Start Date _____

Dept/Div/Position 1 _____

Dept/Div/Position 2 _____

Badge rec'd ____ Vol. Manual rec'd ____ Vol. Orientation Complete _____



**MINOR VOLUNTEER
WAIVER AND RELEASE FORM**

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT PARTICIPATION AS A VOLUNTEER WILL CAUSE THE VOLUNTEER TO WAIVE OR RELEASE ALL CLAIMS FOR ANY INJURIES THAT MAY BE SUSTAINED.

WAIVER FOR MINORS (BY ADULTS)

As the parent or guardian of a minor child volunteering for the City of Boca Raton, I hereby waive any claim against the City and its agents, servants and employees, hereafter arising from injuries to said child, which said injury is sustained while engaging in the performance of volunteer services for the City, regardless of whether such injury is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants or employees of the City, and I do covenant to indemnify, hold harmless and defend the said City, its agents, servants and employees from any claim, damages or demand hereafter the negligence of said City or by the negligence of the agents, servants and employees of the City.

I hereby give my permission for the City to call my physician and/or to arrange for transportation to a hospital in the event of any injury to said child, although I understand that the City assumes no responsibility to do so.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DISCLAIMER STATEMENT AND WAIVE AND RELEASE ALL CLAIMS.

PARENT OR LEGAL GUARDIAN:

Signature

Print Name

Minor Child Name

Date

City of Boca Raton



Human Resources • 201 West Palmetto Park Road, Boca Raton, Florida 33432-3795
Phone (561) 393-7801 • Fax (561) 393-7908 • (For Hearing Impaired) TDD (561) 367-7046

VOLUNTEER SERVICE AGREEMENT

Check One:

_____ I am eighteen (18) years or older; or

_____ I am under eighteen (18) years of age, and my parent or legal guardian has executed this agreement

1. I know of no reason, medical or otherwise, which would prevent me from performing the tasks for which I have volunteered.
2. In accepting a position as a volunteer for the City of Boca Raton, I agree to accept Voluntary Workers' Compensation coverage as the sole remedy for any injuries that I may sustain while providing uncompensated services for my community. The Voluntary Workers' Compensation coverage shall be in effect to pay for medical attention for actual injuries sustained while on the job. Since volunteer service does not include wages, such compensation does not provide same.
3. I have reviewed the duties of the position listed in my job description and confirm that I have the skills and ability to perform them, and that I have no physical or mental disability, which would prevent me from performing the duties, or place others or myself at risk or injury.
4. I assume full responsibility for my safety or others, and I shall hold the City of Boca Raton harmless for any injury to me or damage to my property, and for injury or damage resulting from my own negligence.
5. I agree not to pursue legal proceedings against the City for any reason associated with my volunteer services.
6. I understand that if I use a privately owned vehicle on City business, that the City is not liable for damages incurred either to me, the vehicle or to others.
7. I will perform my services in compliance with the policies, procedures and guidelines established, and will honor the decision of the City to suspend or terminate my service.

Volunteer:

Signature

Date

Print Name

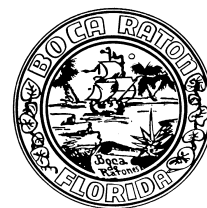
If the volunteer is under the age of eighteen, the parent or legal guardian must execute this Agreement and the attached Minor Volunteer Waiver and Release Form:

Parent or Legal Guardian:

Signature

Date

Print Name



Welcome to the City of Boca Raton's Volunteer Program!

The City of Boca Raton appreciates your interest in volunteering. Our Volunteer Program is one of the best in Palm Beach County!

In order to uphold our high standard of excellence, we carefully select the volunteers who will be assisting us in the City. Therefore we will conduct a background check on each of our volunteers. This background check may include the following information:

- Florida Criminal History Check
- Non-Florida Criminal History Check (if residency in the State of Florida is 5 years or less)
- Sexual Offender/Predator Check (if you are working with children or the elderly)
- Driver's License Check (if the position you are applying for requires driving a City vehicle)
- Florida Level II Background Check (Summer Camp)

In addition, volunteers in the Police Department will be required to have additional checks; such as fingerprinting and a Voice Stress Test.

I hereby certify that all information provided by me during my interviews is true and correct. I hereby authorize the City of Boca Raton to contact my references and other sources in order to verify the facts I have furnished regarding my character and qualifications. I hereby release any such employer or persons from liability of any nature on account of furnishing such information. I further understand that if the position requires a driver's license, I will have to provide my driver's license number. I understand that any misleading, incorrect or untruthful statements may render this application void, and if I am placed in a volunteer position, would be just cause for terminating my volunteer assignment with the City. I hereby release the City of Boca Raton, its authorized representatives, from all liability for any damage that may result from the information furnished by me. My signature indicates that I have read and understand the information delineated in this form.

Print Name: _____

Signature: _____ Date: _____

If the volunteer is under the age of eighteen, the parent or legal guardian must execute this Agreement and the attached Minor Volunteer Waiver and Release Form.

Parent or Legal Guardian:

Print Name: _____

Signature: _____ Date: _____



PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself, including consumer credit, criminal convictions, motor vehicle, any and all Worker's Comp records, and other reports. These reports may include information as to my character, education, work habits, performance and experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize without reservations, any party or agency contracted by this employer to furnish the above-mentioned information.

I agree to indemnify and hold harmless Atlantic Personnel Screening Services, Inc., its employees, officers, directors, affiliates, sub contractors, and agents from any loss, expense, or damage, which may result directly or indirectly from information or reports furnished by Atlantic Personnel Screening Services, Inc.

I hereby consent to your obtaining the above information from Atlantic Personnel Screening Services, Inc. and/or any of their licensed agents. I understand to aid in the proper identification of my files or records the following information, as well as other information, is necessary.

Print Name _____

Soc. Sec # _____ Date of Birth _____

Drivers License # _____ State _____

Current Address _____

City/State/Zip _____

Please complete the information below if you lived in any state other than Florida within the last three (3) years:

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant's Signature _____ Date _____