City of Inverness Volunteer Program Application

Personal Information:

First Name: _____ Last Name: _____

Street Address: _____

City_____ State _____ Zip Code: _____ Telephone: _____

Email: _____

Have you volunteered with us previously? ☐ YES ☐ NO

If yes, when did you previously volunteer here and what event(s) did you participate?

_____

Birth Date: _____ **SS#:** _____

Driver's License:_____ (include a photocopy of License).

Agreement: In signing this application the City of Inverness acknowledges your willingness to volunteer your service to assist the City. By signing this form, it is understood that you are not an employee or agent of the City and the City may terminate this volunteer agreement at any time. All City volunteers must be registered with the Department of Human Resources and successfully complete any necessary background and/or reference checks.

I certify that all the statements in this application are true and if approved as a volunteer I will abide by all City regulations.

☐ I am the parent or legal guardian of the volunteer referenced above (Check if applicable)

Signature of Applicant: _____ Date: _____

Comments: Please include what interests or qualifications you have as a volunteer that could be as asset to the City. (Prior volunteer opportunities for this position, relevant skills, experience and/or education)

_____

_____

References: (non-family)

Name:_____ Relationship: _____

Telephone: _____Email: _____

Name:_____ Relationship: _____

Telephone: _____Email: _____

Emergency Contact Information:

Name:_____ Relationship: _____

Telephone: _____**Email**: _____

City of Inverness Volunteer Program Application

Instructions: This form is to be completed following a background check by Human Resources.

I, _____ am a volunteer who has been properly authorized by a City department director to contribute to a City activity or program by volunteering my services.

NO EMPLOYMENT RELATIONSHIP: I also acknowledge that my participation in the Activity (as defined above) is in the capacity of a volunteer only and that I do not expect and will not receive compensation in return for my services as a volunteer. I understand that I am not an employee of the City of Inverness.

WORKERS COMPENSATION DETAILS FOR AUTHORIZED VOLUNTEERS: While acting within the scope of your City authorized activities as an unpaid volunteer, you may be covered by Workers' Compensation in accordance with Florida Statute, Chapter 440. As an unpaid volunteer, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your City authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area. If you do not follow these procedures or do not timely report your injury, you may be denied certain Workers' Compensation benefits.

CONSENT TO TREATMENT: I authorize such physician or medical staff as the released Parties may designate to carry out any medical treatment deemed necessary, or to take me to the emergency room of the nearest hospital for treatment, if necessary.

RELEASE OF ALL CLAIMS: I understand and unequivocally agree that by signing this Agreement, I, for myself, my heirs, beneficiaries, estate, executors, administrators, next of kin, and anyone else who might attempt to sue on my behalf, hereby waive, release, hold harmless, indemnify, covenant not to sue, agree to defend, and forever discharge the City of Inverness, its officers, elected or appointed, directors, employees, coaches, trainers, counselors, volunteers, agents, attorneys, contractors, and all other persons, entities and organizations affiliated therewith (all of whom constitute the "Released Parties") from any and all kinds of claims, suits, causes of action, damages, losses, liabilities, costs or expenses, including court costs and attorney's fees at all level of proceedings (including appellate level), and any judgments, orders or decrees entered thereon or resulting therefrom, for any personal injury, loss of life, damage to property, or any liability, loss, cost or expense of any kind (collectively "Claims"), arising out of, resulting from, or relating to my participation or my engagement in the Activity (as described above) and any other activity, function or task reasonably necessary to complete the Activity, whether or not such claim, suit, cause of action, injury, damage, loss, liability, cost, expense, judgment, order. Or degree was caused by, arose or resulted from the **NEGLIGENT ACTS OR OMISSIONS** of the Releases Partied or was caused by, arose or resulted from any condition on the property, facilities or condition of any equipment used in the Activity (regardless of whether such condition was known or unknown, open, obvious, foreseeable or unforeseeable, hidden or not).

I have read this Agreement, carefully, in its entirety and fully understand its content. I am 18 years of age or older, of sound mind and body and not under the influence of alcohol, any illicit or prescription drug or medication, or under any other legal disability which may in any way impair my ability to enter into this Agreement. Intending to be legally bound, I have voluntarily signed this Agreement.

☐ I am the parent or legal guardian of the volunteer referenced above (Check if applicable)

Signature: _____ **Date:** _____

***To be completed by Human Resources**

☐ Florida Department of Law Enforcement
☐ National Sex Offenders Registry
☐ Level II Background Screen for Supervisor
☐ Level II Background Screen
☐ Reference Check

Human Resources Approval: _____ Date: _____

City of Inverness Volunteer Program Application

Instructions: The Department completes this form once the Volunteer application has been approved. The listed items are to be followed to ensure that the Volunteer and Department/Division Supervisor have met and discussed the appropriate guidelines and duties associated with the position. (Forward the completed form to the Department of Human Resources for filing).

Volunteer Full Name: _____

Position Title: _____

Department/Division: _____

Direct Supervisor: _____

Start Date: _____

Initial: _____ Discuss job description; expectations and work place conduct. Explain the Volunteer's role in teamwork expected work pace and completion.

Initial: _____ Introduce Volunteer to all Department/Division staff.
Discuss the chain of command, communication procedures, and who to report problems, issues, absences, etc.

Initial: _____ Explain who their supervisor is for day-to-day assignments and what to do in the Supervisor's absence.

Initial: _____ Provide a Facility tour to include: work space and where to store personal belongings, staff break area, restrooms, conference rooms, supply locations and sign out procedures when applicable.

Initial: _____ Identify any equipment that is to be used by the volunteer, train on safety hazards and who equipment problems and questions are reported.

Initial: _____ Discuss emergency procedures. Identify MSDS location (if applicable), Location of fire alarms/extinguishers and evacuation procedures.

Initial: _____ Discuss the hours of operation and the Volunteer's schedule.

Initial: _____ Training on telephone procedures and greetings (if applicable).

Initial: _____ Discuss the dress code, including appropriate footwear.

Initial: _____ Explain procedures for lunch, break times and personal phone calls.

Volunteer statement of understanding: I have met with my Supervisor and understand the guidelines and expectations that have been discussed.

Signature of Volunteer: _____ Date: _____

Signature of Supervisor: _____ Date: _____

City of Inverness Volunteer Program Application

Instructions: Please complete this form upon resignation/termination of Volunteer. (Forward the completed form to the Department of Human Resources for filing).

Name: _____

Department/Division: _____

Volunteer has *resigned* due to:

☐ Dissatisfaction
☐ Personal Reasons
☐ Lost Interest
☐ Accepted a Paid Position
☐ No Longer Has Time
☐ Other (explain below)

_____

_____

Volunteer was *terminated* due to:

☐ Work Performance
☐ Attendance
☐ Violation of Policies & Procedures
☐ Conduct
☐ Other (explain below)

_____

_____

Would this Volunteer be eligible for rehire? ☐ Yes ☐ No

Last Day Worked: _____

Supervisor Signature: _____