



Park Conservation Corps

Program Application





Park Conservation Corps

Dear Prospective PCC Member:

Thank you for your interest in joining The Park Conservation Corps (PCC), powered by Miami-Dade Parks, Recreation and Open Spaces Department.

The Park Conservation Corps is a signature volunteer group comprised of individuals passionate about serving their community and playing an active role in enhancing Miami-Dade County's park system. Park Conservation Corps members represent a variety of professions across business, government, education and the non-profit sector. They come together with one goal in mind; to champion for parks, open spaces and the conservation of natural areas in our local community through direct civic engagement.

As a member of the Park Conservation Corps, you can:

- Connect with nature, explore our parks & get to know our local community through a "parks" lens.
- Become an advocate and help make parks, open spaces and the preservation of natural areas a top priority in our local community.
- Participate in volunteer projects that enhance our heritage parks and natural areas.
- Have the opportunity to learn best practices in the areas of landscaping, tree planting, master gardening, coastal stewardship and many other key conservation efforts.
- Network with other PCC members and interact with Miami-Dade County Parks staff and elected officials.

Before completing the program application, please review the following information below:

- Applicants must be 21 years and older to be members of the PCC.
- All prospective PCC Members are subject to a background check and fingerprinting. This is required in order to volunteer at all Miami-Dade Park sites. ***Full acceptance into the program is contingent upon on passing all required background screenings.***
- Submission of an application does not indicate acceptance into the Parks Conservation Corps program. Application submissions will be reviewed internally and receive final approval by Miami-Dade Parks Director. Admission to the program is limited and highly competitive.
- Applicants will be notified of their acceptance status in early August 2016.
- Upon admission, applicants must attend a mandatory PCC Orientation tentatively scheduled for **Saturday, August 20th, 2016**. PCC members also need to commit a **minimum of 25 hours** to the program after attending the orientation, which can include participation in PCC volunteer service projects and other related field work.

Please email the completed Parks Conservation Corps application by **Monday, August 1st 2016** to: dy556@miamidade.gov or send via fax with a cover sheet to: 305-755-7940. For more information on the PCC or for questions on this application, please contact:

Diana Young, MPA
Community Outreach & Resource Manager
Tel: 305-961-2781

Miami-Dade County
Parks, Recreation
& Open Spaces
Department



MDPROS072016

**Park Conservation Corps Application****Personal Information**

Name	
Home Street Address	
City ST ZIP Code	
Home Number	
Mobile	
E-Mail Address	
Date of Birth	
Length of Residence in Miami-Dade County	

Professional Information

Employer Name	
Street Address	
City ST ZIP Code	
Work Number	
Work Title	
E-Mail Address	

Please respond to the questions below and limit answers to 150 words or less. Typed responses can be provided in a separate document and attached to this application. Make sure to properly label all attachments and include your first and last name in each page.

Section 1: Special Skills or Qualifications☐ Refer to Attachment

1. Briefly summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Section 2: Previous Volunteer Experience☐ Refer to Attachment

1. Briefly summarize your previous volunteer experience. How do you plan to be an asset and contribute to the Park Conservation Corps program?

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Section 3: General Information

1. What is the first thing that comes to mind when you hear the word "parks"?

[\[\] Refer to Attachment](#)

2. In your opinion, what are the two most pressing issues facing our local community? How can parks provide potential solutions to any of these issues?

[\[\] Refer to Attachment](#)

3. What do parks, natural areas and dynamic public spaces mean to you? How can you help to make them a priority in our local community?

[\[\] Refer to Attachment](#)

4. Provide any other information that is relevant to your participation in the PCC program that would be helpful during the review of your application.

[\[\] Refer to Attachment](#)

Personal Recommendation

Name	
Street Address	
City ST ZIP Code	
Mobile Phone	
E-Mail Address	
Relationship	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Mobile Phone	
E-Mail Address	
Relationship	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

* Park Conservation Corps



Miami-Dade Parks, Recreation and Open Spaces Department

Volunteer Application

Please print clearly and return completed form to the facility where you would like to volunteer or any Miami-Dade park office.

Today's Date:		Individual <input checked="" type="checkbox"/> Corporate <input type="checkbox"/> Co. Name:	
SS#:		Date of Birth:	
Last Name:		First Name:	
Address:		Apt #:	City:
Home Phone:		Cell Phone:	E-Mail:
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		Driver's License Number or ID Number:	

Will you be volunteering more than three (3) times within the next six months? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
When are you available to start as a volunteer? * Park Conservation Corps Applicant	
Is this volunteer service required by a government agency or court order? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you fulfilling requirements for community service hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, please explain below. (Answering yes does not necessarily exclude you from being selected for volunteer service)

Please check below which areas are of interest to you?

Education	Customer Relations	Administrative / Computer	Specialty / Miscellaneous
<input type="checkbox"/> Academic Tutoring	<input type="checkbox"/> Hosting / Greeting	<input type="checkbox"/> Office / Clerical Work	<input type="checkbox"/> Dog Park / Maintenance
<input type="checkbox"/> Sports Development	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Research	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Teaching Arts / Other	<input type="checkbox"/> Special Event(s)	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Animal Husbandry
<input type="checkbox"/> Naturalist / Nature Camp	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Golf Course / Ranger Starter

Please tell us how you found out about volunteering or the Adopt-A-Park Program with Miami-Dade Park and Recreation?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> School	<input type="checkbox"/> Website	<input type="checkbox"/> Park Employee / Friend	Other:
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I request approval to volunteer my services at (location):

Under the supervision of (park manager or designee):

N/A
N/A

USE OF SOCIAL SECURITY NUMBER

The Miami-Dade Parks, and Recreation and Open Spaces Department (the "Department") collects your Social Security number for identification and verification, reconciliation, tracking, and record keeping purposes. Social Security numbers are also used as a unique numeric identifier and may be used for internal search purposes.

INDEMNIFICATION

I understand that I am not an employee of Miami-Dade County (the "County") and will not receive payment for my volunteer services. I understand that as a volunteer I am covered under the Workers' Compensation Laws of the State of Florida as outlined in Chapter 440 of the Florida Statutes. I further agree to immediately notify my supervisor if I am injured in the performance of my volunteer duties.

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "life guarding" services or use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director.

By signing this request, I additionally certify that I am aware that the Department will make the appropriate inquiries into my background as prescribed by Florida Statute 943.04351 (2004) and Chapter 26 of the Miami-Dade County Code.

In exchange for the opportunity to perform volunteer services for the County, and the County's permission to access certain County facilities for this purpose, and for other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby releases, indemnifies and saves harmless the County, its officers, officials, agents, employees, successors and assigns, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly, from the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto. I declare that all the information provided on this application is true, and I understand that any falsification or misrepresentation may result in my termination from the County's volunteer program.

If Volunteer is less than 18 years old, please complete the following:

Parent or Legal Guardian's Name (please print):

Signature:

Date:

Applicant Signature

Date

Park Manager or Designee (Office Use Only)					please indicate type of volunteer	
LTV	STV	CMV	INV	ASV	Index Code:	
Background Research Unit (Office Use Only)						
Local BG Check:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Local BG Status:		
VECHS Check:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	VECHS Results Status:		



Affidavit of Volunteer Service

I understand that I am not an employee of Miami-Dade County (the "County") and will not receive payment for my volunteer services. I understand that as a volunteer I am covered under the Workers' Compensation Laws of the State of Florida as outlined in Chapter 440 of the Florida Statutes. I further agree to immediately notify the service site supervisor if I am injured in the performance of my volunteer duties.

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "life guarding" services or use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director:

By signing this request, I additionally certify that I am aware that the Department will make the appropriate inquiries into my background as prescribed by Florida Statute 943.04351 (2004) and Chapter 26, Section 39 of the Miami-Dade County Code. If violations are found, I agree that I shall be prohibited from performing volunteer services on park property owned or operated by Miami Dade County in accordance with Chapter 26, Park and Recreation Department Rules and Regulations, Section 38, Background Checks Required for Child Event Workers, Park Vendors, and Programming Partners of Community Based Organization (CBO) Employees and Volunteers.

I further agree to report any arrest within forty-eight (48) hours of such arrest.

In exchange for the opportunity to perform volunteer services for the County, and the County's permission to access certain County facilities for this purpose, and for other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby releases, indemnifies and saves harmless the County, its officers, officials, agents, employees, successors and assigns, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly, from the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto. I declare that all the information provided on the Volunteer application is true, and I understand that any falsification or misrepresentation may result in my exclusion from the County's volunteer program.

Volunteer Printed Name: _____

Volunteer Signature: _____

Date: _____