



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 Corporate Co. Name: SS#: Date of Birth: Male Female Last Name: First Name: MI: Address: Apt #: City: State: Zip: Home Phone: Cell Phone: E-Mail: Are you 18 years of age or older? YES NO Driver's License Number or ID Number:

Will you be volunteering more than three (3) times within the next six months? Yes No When are you available to start as a volunteer? Is this volunteer service required by a government agency or court order? Yes No Are you fulfilling requirements for community service hours? Yes No

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)

Table with 4 columns: Education, Customer Relations, Administrative / Computer, Specialty / Miscellaneous. Rows include Academic Tutoring, Sports Development, Teaching Arts, Naturalist, Hosting / Greeting, Chaperone, Special Event(s), Other, Office / Clerical Work, Research, Public Relations, Dog Park / Maintenance, Fundraising, Animal Husbandry, 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? Newspaper School Website Park Employee / Friend Other:

I request approval to volunteer my services at (location): Under the supervision of (park manager or designee):

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.

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 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.

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.

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 No Local BG Status: VECHS Check: Yes No 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, Parks, Recreation 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: _____



"Delivering Excellence Every Day"

HUMAN RESOURCES FINGERPRINT AND I.D. INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone No: _____ E-mail: _____

Date of Birth: _____ Place of Birth (State or Country): _____

Gender: ____ Height: ____ Feet ____ Inches Weight: ____ Eyes: ____ Hair: ____

Race which you would be identified (Please check one):

- White
- Black
- Asian
- Other

Are you a US Citizen? Yes ____ No ____ Social Security No. _____

Department: _____ Classification: _____

To be completed by the Department Personnel Representative Only.

Job Opening # _____ Index Code: _____

Contractor's Name (If Applicable) _____

Appointment Date: _____ Appointment Time: _____

Employee's Signature

Date