



Miami-Dade County Intern/Volunteer Agreement Form

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Are you 18 years of age or older? Yes: ___ No: ___ Driver's License/Picture ID Number: _____

When are you available to start as a Volunteer/Intern? _____

Are you fulfilling requirements for community service hours? Yes ___ No ___

Are you fulfilling requirements for academic credit? Yes ___ No ___

Please list below areas which are of interest to you:

1. As a **"volunteer"** for Miami-Dade County, I:

- A. receive no compensation to perform volunteer services for the County;
- B. am not performing the same type of services which the individual is employed to perform for the County (if applicable);
- C. am performing volunteer services for the County for civic, charitable, or humanitarian reasons; and
- D. am performing volunteer services for the County without promise, expectation, or receipt of compensation for services rendered.

2. As an **"intern"** for Miami-Dade County, I:

- A. have no expectation of compensation from the County;
- B. have not been promised a paid job with the County at the conclusion of the internship;
- C. understands that the purpose of the internship is to provide hands-on training similar to that which would be given in an educational environment and agree to notify the Designated County HR Representative, _____ via email _____@miamidade.gov : within 7 days if I determine the internship is no longer providing such training;
- D. understand that the length of the internship is designed to be limited to the period in which the internship provides me with beneficial learning and agree to notify Designated County HR Representative, _____ via email _____@miamidade.gov : within 7 days if I determine the internship is no longer providing such beneficial learning; and
- E. understand that my work should complement, rather than displace, the work of paid County employees and agrees, to notify Designated County HR Representative, _____ via email _____@miamidade.gov : within 7 days if I determine my work is displacing a County employee and include the name and job title of the County employee being displaced.

Declaration: I am a Volunteer/Intern for Miami Dade County (Circle one):

I understand that I am not an employee of Miami-Dade County (the "County") and will not receive payment for my volunteer services. I am providing my volunteer services for civic, charitable, and/or humanitarian reasons and such services are being provided freely and without coercion. I further understand that at the end of my assignment that I am not guaranteed a position of employment with the County.

I understand that as a volunteer/intern 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 duties.

I further understand that I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director. I understand that my services will be limited to the specific duties described below.

By signing this agreement I additionally certify that I am aware that the Human Resources Department will make the appropriate inquiries into my background, as prescribed by the Florida Statute 125.5801, to include a fingerprint based criminal history records check.

In exchange the opportunity to perform services for the County, and the County's permission to access certain County facilities for this purpose, and for the other goods and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby releases, indemnifies and holds 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/intern 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/internship program.

Volunteer/Intern Name

Signature

Date

If less than 18 years old, Parent's Signature

Date

Department Director Name

Signature

Date

Pursuant to this Agreement, _____, will provide the following services:

Division: _____

Location/Hours: _____

Appendix A

Department Name: _____

Voluntary Agreement Additional Volunteer/Internship Assignment Conditions:

1. No use of any County equipment (including, but not limited to, land phones, mobile devices, copiers, computers, and fax machines) provided to me to complete my volunteer/internship assignment shall be used for anything other than my volunteer services.
2. No proprietary or purchased information provided to the County that can assist in my volunteer/internship assignment with the County can be used to support or enhance any other of my volunteer or paid employment activities.

Failure to comply with these conditions may result in revocation of the Volunteer/Intern Agreement. I have read and agree to abide by the following additional conditions as an appendix to the Volunteer/Intern Agreement.

Volunteer/Intern Name: _____

Volunteer/Intern Signature: _____ Date: _____