



MIAMI-DADE COUNTY VOLUNTEER AGREEMENT FORM

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

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? _____

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

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

Please list below which areas are of interest to you:

I request approval to volunteer my services at the _____ department under the supervision of: _____.

Declaration

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 volunteer assignment that I am not guaranteed a position of employment with the County.

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, 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 volunteer 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.

Volunteer Agreement Form

Page 2

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 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 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.

Volunteer 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: _____