

City of Dunedin
1920 Pinehurst Rd,
Dunedin, FL 34698

VOLUNTEER APPLICATION

www.dunedingov.com
Phone: 727-812-4545
FAX 727- 812-4547



Please Print Clearly

Name: Mr. Mrs. Ms. _____ Telephone: _____
Last First Middle Home Office

Address: _____
Street Apt # City/State Zip

Employer: _____ Phone: _____ **Driver's License # Required:** _____
(Background checks will be completed on all volunteers)

Emergency Contact: _____
Name Relationship Phone Number

Are you a permanent year-round resident? Yes ___ No ___ **E-Mail Address:** _____

Special skills, training and interests:

Please describe any current or former volunteer experience:

Please circle days you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Circle one or more: Morning afternoon evening

Check all that apply: _____ One Day Special Events _____ Long-term Commitment
____ Volunteer Response Team* _____ Short-term Projects _____ On-Call-As-Needed Assignments

* SS# _____ *Driver's License # _____ *Military Branch _____

* _____ Sandbags _____ Debris Removal _____ Transporter _____ Phones _____ Traffic Control _____ Shelter Assistance

Do you prefer to work with a specific age group? ___ Youth ___ Adults ___ Seniors ___ Others

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

If yes, please give details: _____

Please provide two local (within Pinellas County) non-related references that we can contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Signature: _____ Date: _____

PLEASE READ AND SIGN BACK ALSO

Signature of Parent/Legal Guardian: _____

Thank you for your interest in volunteering with the City of Dunedin.

Signature of Interviewer: _____ **Site Location:** _____ Volunteer ID Number: _____

Please send original to Volunteer Services and keep a copy for your Department. Thank you.

CITY OF DUNEDIN

Volunteer Understanding-Waiver and Release of Liability

I, _____ hereby agree to serve in the City of Dunedin Volunteer Program on the terms and conditions set forth hereunder. I acknowledge that I am participating in this Program without the expectation of remuneration, of any kind, including employee benefits normally extended to the employees of the City of Dunedin (with the exception of Worker's Compensation coverage as is required by state law) and that in consideration of the City of Dunedin allowing my participation in the Volunteer Program, I am agreeing to the terms of this Understanding.

I understand that my participation in the Program may be terminated by me or by the City of Dunedin without cause and without notice. I understand that I have an obligation to abide by the policies and procedures of the City of Dunedin and to take my direction from the supervisors or other City personnel under whose direction I will be working.

I hereby assume all risks and hazards incidental to my participation in the Volunteer Program, including transportation to and from my place of work. I acknowledge the fact that the work program that I will be participating in may/or does involve a certain degree of physical exertion or physical contact where injuries may occur. I do hereby waive, release and agree to hold harmless the City of Dunedin, its agents and employees and members of the public being served by the activity, for any and all claims arising out of any injury to me, including damages and medical costs. I also acknowledge that the City of Dunedin will not assume any costs related to any injury while I am involved in the Volunteer Program except as such obligation is mandated under the Worker's Compensation law of the State of Florida.

I agree that I will divulge any limiting physical or health conditions that might affect the duties to be assigned to me under the Volunteer Program. I agree to take the sole and exclusive responsibility not to undertake any tasks or job or physical effort that might endanger my self or endanger others. I recognize that any statements I make to City employees relative to my participation in the program having to do with my physical condition may not be communicated to supervisors or other persons directing my activities and, for that reason, I will assume the responsibility of monitoring my own activities as is set forth above. I release the City of Dunedin, its employees and agents from any responsibility arising from the assignment of specific duties or tasks to me, regardless of whether a physical examination or a doctor's statement was provide to the City of Dunedin or not.

I agree that this Release and Waiver shall remain in full force and effect during all times that I am participating in the Volunteer Program of the City of Dunedin.

Volunteer's Signature
(Parent if volunteer is minor)

Date
Witness: _____