

VOLUNTEER APPLICATION

City of Dunedin
1920 Pinehurst Rd
Dunedin, FL 34698



www.dunedingov.com
Phone: 727-812-4531
Fax: 727-812-4547

Please print clearly in black or blue ink

Full Legal Name: _____

Other names by which you have been known: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home () _____ Cell () _____

E-Mail Address: _____

Employer: _____ Phone Number: () _____

Emergency Contact: _____
Name Relationship Phone Number

Driver's License Number Required: _____

(Background checks will be completed on all volunteers)

Have you ever been arrested/charged/convicted for a violation of any law, police regulation or ordinance? Yes [] No []

If yes, describe the incident(s), include date, charge, location, disposition and court. Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service. _____

Are you a permanent year-round resident? Yes [] No []

Special skills, training and interests: _____

Describe any current or former volunteer experience(s): _____

What type of volunteer work are you interested in?: _____

Check all that apply: _____ Coaching _____ Tutoring _____ One-Day Special Events
_____ Short-Term Projects _____ Long-Term Commitment _____ On-Call As-Needed Assignments
_____ Volunteer Response Team (Additional application required)

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

Please circle the day(s) you are available to volunteer:
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Circle one or more: Morning Afternoon Evening

Name: _____ Signature: _____ Date: _____

PLEASE READ AND SIGN BACK OF FORM

Signature of Parent/Legal Guardian: _____

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

Received by staff: _____ Department: _____

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 myself or endanger others. I recognize that any statements that 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 provided 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 a minor)

Date

Witness

Authority for Release of Information and Personal Inquiry Waiver

TO: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Record

FROM: City of Dunedin, Department of Human Resources & Risk/Safety

Please **print clearly** in black ink

Legal Name: _____
(First) (Middle) (Last)

Address: _____
(Street)

_____ (City) (State) (Zip)

SS#: _____ Date of Birth: _____

Driver's License Number: _____

State: _____ Expiration Date: _____

(Please attach copy of Driver's License/State Issued ID)

Position Applied For: _____

THIS FORM WILL BE KEPT IN A FILE SEPARATE FROM THE EMPLOYMENT APPLICATION.
Information on this form is only used to facilitate the background check.

I authorize the City of Dunedin to perform a background investigation to assist the City in determining my suitability for the position I am seeking.

I respectfully request and authorize you to furnish the City of Dunedin and its representatives all information that you may have concerning my employment records, school records (to include copies of transcripts), character, reputation, military records, criminal history records, and driver's license (where applicable). This information is to be used to assist the City of Dunedin in determining my qualifications and fitness for the position I am seeking with the City. If offered employment conditionally, I authorize the release of medical history records and claim history records.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Signature of Applicant

Date

Witness Signature

Date

The City of Dunedin, Florida is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, national origin, sex, age, disability, marital status, religious creed, sexual orientation, political affiliation, Veteran Status (Except if eligible for Veterans' Preference).