VILLAGE OF PINECREST
12645 Pinecrest Parkway
Pinecrest, Florida 33156
(305) 234-2121
www.pinecrest-fl.gov

VOLUNTEER APPLICATION FORM

Volunteering is vital to our community and the Village of Pinecrest appreciates your interest in volunteering your services. Whether you make a short-term or long-term commitment, the Village welcomes your help, and will work to make your experience a rewarding one for you.

While most volunteering opportunities in the Village of Pinecrest are available in *Pinecrest Gardens or with the Parks & Recreation Department*, there may be additional opportunities for volunteer service in other Village departments. Please indicate where you would prefer to provide your volunteer service:

❑ Pinecrest Gardens ❑ Parks and Recreation ❑ Other Village facility ❑ No preference

INSTRUCTIONS: To receive consideration, please complete, sign and return the Volunteer Application Form to the Human Resources Office located on the third floor of the Municipal Center located at 12645 Pinecrest Parkway, Pinecrest, Florida 33156. Volunteer applications are accepted at the Municipal Center Monday to Friday between the hours of 8:00 a.m. and 4:00 p.m., (excluding holidays). You may also submit your volunteer application via US mail.

To apply please submit the following:

1. Volunteer Application Form (3 pages)
2. Drivers license (will be copied upon receipt and used for identification verification)

PERSONAL DATA

DATE of Application: _____

Name: _____
Last First M.I.

Address: _____ City: _____ State _____ Zip Code_____

Home Telephone #: _____ Cellular Telephone #: _____

Email Address: _____ Other Contact #: _____

*SS#: _____ Date of Birth: _____ Gender: ❑ Male ❑ Female

In compliance with FS §119.071(5), your social security number is requested for the purpose of conducting a criminal background check and will be used solely for this purpose. Date of birth and gender are also necessary for conducting a criminal background check.

EMERGENCY CONTACT INFORMATION

Emergency Contact Person: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

Rev: July 2010, Jan 2014, Mar 2020

VOLUNTEER QUESTIONNAIRE

AVAILABILITY: Please enter under each weekday the times you are available to volunteer:
(Example: Monday morning 8:00 am to 11:00 am, Friday afternoon 2:00pm to 6:00 pm, etc.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Indicate the number of hours able to commit per month: _____ per week: _____

Are you available seasonally? ❑ Yes ❑ No if yes, indicate dates in Miami area _____

Languages Spoken: ❑ English ❑ Spanish ❑ French ❑ Creole ❑ German ❑ Other _____

List any skills, special training, hobbies or experience (ex: carpentry, botanical/horticultural interests, etc.):

_____

_____

List any prior experience (paid, volunteer, or educational) that may be useful in volunteering at the Village.

Activity	Organization	Dates

Please indicate any preferred job duties or areas of interest.

❑ Docent
❑ Greeter
❑ Grounds Worker
❑ Admissions
❑ Other: _____
❑ Clerical/Office
❑ Special Events
❑ Usher/Guide
❑ Educational Program

Indicate your availability to volunteer under the following conditions (check all that apply):

❑	Indoors	❑	Outdoors	❑	Strenuous
❑	Standing	❑	Sitting	❑	Walking
❑	Bending	❑	Telephones	❑	Filing

Do you have any physical limitations that should be considered when we plan your volunteer assignment?

❑ Yes ❑ No If yes, please explain: _____

How did you learn about the Village's volunteer program?

_____

_____

What do you hope to gain by volunteering at the Village?

_____

_____

BACKGROUND INFORMATION

For the protection of our volunteers and the public they serve, including children and the elderly, the Village will conduct a background screening on all volunteers prior to the commencement of any volunteer assignment. The background screening may include a local, state and/or national criminal history check including sexual offender registries.

CONVICTION RECORD: Have you ever been convicted, pled nolo contendere (no contest), plead guilty, or had adjudication withheld for any violation of the law, ordinance, or criminal traffic violation (other than a minor traffic violation)? ❑ **Yes** ❑ **No**

If Yes, Please explain: _____

CERTIFICATION, RELEASE and CONSENT:

I hereby certify that I am in good health and am physically able to perform as a volunteer for the Village of Pinecrest. I am aware that by signing below I am indicating that I am ready, willing, able, and allowed (if permission is required by a parent/legal guardian) to travel, as a passenger, to and from all trips/special events/activities in a Village vehicle as part of the volunteer duties and/or responsibilities. I agree to conduct myself in a mature, responsible, and professional manner and to remember that I am a representative of the Village of Pinecrest.

I understand and agree that any duties assigned to me will be performed on a voluntary basis, and not as an employee, contractor or agent of the Village. I further understand that as a Village volunteer I am not entitled to Village benefits or compensation for services rendered. I further understand that I can be dismissed from my volunteer assignment at any time without cause and without notice.

I understand that I may be subject to a complete background investigation that may include fingerprinting and agree to such.

I understand that completion of this application does NOT automatically assure an appointment as a volunteer. If my application is granted, I hereby agree to obey, at all times, all instructions, orders and commands given by the person to whom I report. I fully realize, although precautions are taken by the Village to maintain safe-working conditions, the danger of physical harm or injury exists. I nevertheless freely and voluntarily accept these risks.

RELEASE OF ALL CLAIMS: The undersigned releases, covenants not to sue and forever discharges the Village of Pinecrest, its Officers, Agents, Employees, Volunteers and their successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs or expenses that the applicant may have against the released parties arising out of or in any way connected with the applicant's work as a volunteer for the Village of Pinecrest, including injury or damage to person or property, or resulting in death of the applicant, whether caused by the NEGLIGENCE of the released parties or otherwise.

CONSENT TO TREATMENT: I authorize such physician or medical staff as the Village may designate to carry out any minor medical treatment deemed necessary, or to take me to the emergency room of the nearest hospital for treatment, if necessary.

MY SIGNATURE BELOW ACKNOWLEDGES THAT I AM VOLUNTEERING MY SERVICES WITHOUT PROMISE, EXPECTATION OR RECEIPT OF COMPENSATION OR ANY EMPLOYEE BENEFITS FOR SERVICES RENDERED. I UNDERSTAND HOWEVER, THAT VOLUNTEERS ARE COVERED BY FLORIDA WORKERS' COMPENSATION LAW (CHAPTER §440.01, FS, ET SEQ). I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE, IMCOMPLETE, OR INCORRECT STATEMENTS MAY RESULT IN MY DISMISSAL AND MAY ELIMINATE ME FROM FUTURE CONSIDERATION AS A VOLUNTEER OR EMPLOYMENT WITH THE VILLAGE OF PINECREST. BY SIGNING THIS APPLICATION, I HEREBY AGREE TO THE TERMS AND CONDITIONS CITED HEREIN AND AUTHORIZE THE VILLAGE OF PINECREST TO CONDUCT A CRIMINAL BACKGROUND CHECK PRIOR TO THE COMMENCEMENT OF MY VOLUNTEER ASSIGNMENT.

NOTE: PLACEMENT IS CONTINGENT UPON THE COMPLETION OF THE BACKGROUND SCREENING.

_____ _____

Volunteer Signature **Date** ****Parent/Guardian Signature** **Date**

**** (If Volunteer is a minor (ages 16 or 17), PARENT/GUARDIAN signature must be notarized below)**

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20_____, BY _____, WHO IS PERSONALLY

KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: _____

SIGNATURE OF NOTARY PUBLIC: _____NOTARY PUBLIC SEAL OF OFFICE

NOTARY PUBLIC, PRINT NAME: _____

OFFICE USE ONLY

Background Screening Completed: ❑ APPROVED ❑ DECLINED

_____

Human Resources Manager Date