

**HERNANDO COUNTY GOVERNMENT
VOLUNTEER SERVICE APPLICATION**

(Please type or print clearly)

Attention: Volunteer Applicants Under the Age of 18 years – A parent or legal guardian must complete the Minor Release Form (Section IV) of this application.

SECTION I: General Information

TODAY'S DATE: _____ Email Address: _____

NAME: _____ PHONE # (H) _____

ADDRESS: _____ PHONE #(C): _____

DATE OF BIRTH: _____ FL. DRIVER'S LIC. # _____ EXP. DATE _____

STUDENT? ___Y___N If Yes, name of school _____

EMPLOYED? ___Y___N If Yes, name of employer _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____

EMERGENCY CONTACT'S PHONE NUMBER (inc. area code) : _____

HAVE YOU VOLUNTEERED FOR HERNANDO COUNTY BEFORE? ___Y___N

If yes, in what capacity? _____

When did you volunteer? _____

PLEASE INDICATE IF YOU HAVE COURT-ORDERED COMMUNITY SERVICE HOURS:
___Y___N If yes, how many hours _____

What is the charge? _____

County Government office/area where you wish to volunteer: _____

Volunteer experience: _____

Employment History: (Last 3 employers):

<u>Dates</u>	<u>Company Name/ Your Title</u>	<u>Supervisor's Name/Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills/Talents/Hobbies: _____

Day/Times Available (circle day and note time) Sun/____ Mon/____ Tues/____
Weds/____ Thurs/____ Fri/____ Sat _____

Are you volunteering to work a specific event? ___Y___N

If yes, what is the event: Name/Date: _____

Section II: Background Checks/Screenings

Have you ever been convicted of a felony or a misdemeanor (or similar offense) by court martial or plead nolo contendere (no contest) to such an offense, or plead guilty to such an offense (including all instances of the foregoing, even if adjudication was withheld or if you were placed on probation)? Yes No If yes, state the court, crime committed, disposition of case, and dates: _____

Are criminal charges pending against you? yes no If yes, please supply details: _____

Release: I understand that a background check may be conducted. I also understand that the results of the background check will be used in making a decision concerning my suitability as a volunteer for Hernando County. All background checks will be treated as confidential. Should a disqualifying offense be found, I will be given the opportunity to verify information and correct errors. Final decisions will be made by Hernando County management on suitability for volunteer status.

I agree to a background check I do NOT agree to a background check

Signature of Applicant

Printed Name

Signature of Parent

Printed Name

Section III: Release Form (To be completed by all applicants)

Name of Applicant: _____

Today's Date: _____

I, the above-named applicant, agree to act as a volunteer for Hernando County Government (the "County"). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a volunteer basis, without any pay, compensation, or benefits. I agree to comply with the rules and regulations established by the County to include, but not limited to, accurate recording of volunteer hours. Failure to comply with the rules and regulations may result in my immediate removal as a volunteer. If I am convicted of or plead no contest to a crime during my tenure as a volunteer, I agree to notify the Volunteer Coordinator immediately.

I understand that during the course of my volunteer activities, I may come into contact with individuals who have not received a background screening.

I agree I do NOT agree

Signature of Applicant

Printed Name

Disqualifying Offenses

Applicants guilty of the following disqualifying offense(s) shall be denied coaching/volunteer privileges. Guilty means that a person was convicted following a trial; or entered a guilty or nolo contendere (no contest) plea, regardless of whether there was an adjudication of guilt or a withholding of adjudication. This definition does not include criminal charges which resulted in successful completion of a pre-trial intervention program where there was no plea or a plea of innocent to the charge; acquittal, nolle prosequere; or dismissal of all charges.

1. All sex offenses regardless of the amount of time since offense.
2. All felony violence offenses regardless of the amount of time since offense (includes burglary)
3. All felony offenses within the past eight (8) years (other than violence or sex)
4. All misdemeanor violence offenses within the past six (6) years
5. All misdemeanor drug and alcohol offenses within the past two (2) years or multiple (more than one) offenses in the past six (6) years.
6. Any other offense, whether misdemeanor or felony, within the past fifteen (15) years that would be considered a potential danger to children or directly related to the functions of that volunteer.
7. Other acts the Department determines are grounds for disqualification.

Section IV: Minor Release Form (This section is to be completed by parent or legal guardian if applicant is less than 18 years old)

Name of Parent or Legal Guardian: _____

Relationship to Minor Applicant: _____

Name of Minor Applicant: _____

Phone Number of Parent or Guardian (include area code): _____

E-Mail Address of Parent or Guardian: _____

Today's Date: _____

I, the above-named parent or guardian, being the parent or legal guardian of the above-named minor applicant (the "Minor"), hereby consents and authorizes the Minor to act as a volunteer for Hernando County Government. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established by the County, to include, but not limited to accurate recording of volunteer hours. Failure to comply with the rules and regulations may result in the Minor's immediate removal as a volunteer. If the Minor is convicted of or pleads no contest to a crime during the Minor's tenure as a volunteer, both the parent and Minor agree to notify the volunteer coordinator immediately.

I understand that during the course of the Minor's volunteer activities, he/she may come into contact with an individual who has not received a background screening.

_____ I agree _____ I do NOT agree

Signature of Parent/Guardian

Printed Name

Submit Application to:
Human Resources Department
Hernando County Government Center
20 N. Main Street, Room 264, Brooksville, FL 34601
Human_Resources@hernandocounty.us



Hernando County Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that an investigative report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

PERSONAL INFORMATION

Legal Name: _____
Date of Birth: _____
Other Names Used: _____
(Legal Name) First M.I. Last
Dates Used (from/to): _____
Home Phone #: _____
Cell Phone #: _____
E-mail Address: _____
Are you 18 years of age or older? Yes No

GEOGRAPHIC INFORMATION

Current Address: _____
City, State, Zip : _____
Time at this address: _____ Years _____ Month
Previous Address: _____
City, State, Zip : _____
Time at this address _____ Years _____ Month

By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

Applicant's Signature

Date

Signature of Parent

Date



Hernando County Volunteer Waiver of Liability and Release Form

I, the undersigned, agree to volunteer for Hernando County in the Volunteer Program. I understand that the activities involved in participating in the Program contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition. I agree to indemnify and hold Hernando County, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may result from my participation in the volunteer activities. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the County.

I further agree to release, waive and discharge, and covenant not to sue the County, its officials, employees or volunteers for any claims, demands or actions whatsoever arising out of any damage, loss, injury or death to the undersigned participant that may result from participating in the Volunteer Program described herein. This release of liability and indemnity applies to undersigned participant, as well as any personal representatives, assigns, heirs and next of kin.

I further understand that during the course of my volunteer activities, I may come into contact with individuals who have not received a background screening.

In accordance with Florida Statute, Chapter 440.02 (6), volunteers working for a governmental entity are eligible for workers' compensation benefits with the exception of Court ordered community service volunteers.

Further, I agree to perform the volunteer service in compliance with the standards and specifications established by the County, and I understand my volunteer services can be terminated at any time, and for any reason.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive and I sign this waiver and release voluntarily.

I grant Hernando County full permission to use my photographs, videotapes, or any other manner of recording my participation in this Program for any purpose.

Printed name of Volunteer

Signature

Date

Signature

(Parent or Legal Guardian if under 18)

Date

Contact Information:

Name: _____ Address: _____

Phone No. _____ Email: _____

Emergency Contact #1: _____ Relationship: _____
Phone No. _____

Emergency Contact #2: _____ Relationship: _____
Phone No. _____