

# VOLUNTEER APPLICATION

## City of Boca Raton • Human Resources

201 West Palmetto Park Road • Boca Raton • Florida 33432

Phone (561) 393-7801 • Fax (561) 393-7908 • email: cvandenbroeck@ci.boca-raton.fl.us

### PLEASE PRINT

MR./MS. Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Are you a student? \_\_\_\_ Yes \_\_\_\_ No      If yes, are you under 18? \_\_\_\_ Yes \_\_\_\_ No  
What school do you attend? \_\_\_\_\_

Days/Times you are available to volunteer:

|    | MON | TUE | WED | THUR | FRI | SAT | SUN |
|----|-----|-----|-----|------|-----|-----|-----|
| AM |     |     |     |      |     |     |     |
| PM |     |     |     |      |     |     |     |

Length of time you are available (1 month, 6 months, indefinite) \_\_\_\_\_

### SKILLS: (check all that apply)

Entertainment \_\_\_\_ Tutoring \_\_\_\_  
Bookkeeping \_\_\_\_ Writing \_\_\_\_  
Computer skills \_\_\_\_ Reception/Greeter \_\_\_\_  
Graphics \_\_\_\_ Clerical \_\_\_\_  
Special Events \_\_\_\_ Filing \_\_\_\_  
Special Projects \_\_\_\_ Word Processing \_\_\_\_  
Disaster Training \_\_\_\_ Photography \_\_\_\_  
Languages \_\_\_\_ Other \_\_\_\_\_

### PLEASE INDICATE HOW YOU LEARNED ABOUT THE VOLUNTEER PROGRAM:

Cable TV (City Access) \_\_\_\_  
Volunteer/Job Fair \_\_\_\_  
Community Presentation/Event \_\_\_\_  
Newspaper \_\_\_\_  
Volunteer Hotline \_\_\_\_  
City of Boca Raton Website \_\_\_\_  
Referral \_\_\_\_  
Other \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

BRIEFLY DESCRIBE RELEVANT WORK AND/OR VOLUNTEER EXPERIENCE: \_\_\_\_\_  
\_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

### REFERENCES: (other than relatives)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes \_\_\_\_ No \_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

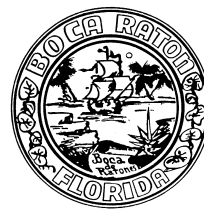
### FOR OFFICE USE

Interviewed By \_\_\_\_\_ Volunteer Start Date \_\_\_\_\_

Dept/Div/Position 1 \_\_\_\_\_

Dept/Div/Position 2 \_\_\_\_\_

Badge rec'd \_\_\_\_ Vol. Manual rec'd \_\_\_\_ Vol. Orientation Complete \_\_\_\_\_



**MINOR VOLUNTEER  
WAIVER AND RELEASE FORM**

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT PARTICIPATION AS A VOLUNTEER WILL CAUSE THE VOLUNTEER TO WAIVE OR RELEASE ALL CLAIMS FOR ANY INJURIES THAT MAY BE SUSTAINED.

**WAIVER FOR MINORS (BY ADULTS)**

**As the parent or guardian of a minor child volunteering for the City of Boca Raton, I hereby waive any claim against the City and its agents, servants and employees, hereafter arising from injuries to said child, which said injury is sustained while engaging in the performance of volunteer services for the City, regardless of whether such injury is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants or employees of the City, and I do covenant to indemnify, hold harmless and defend the said City, its agents, servants and employees from any claim, damages or demand hereafter the negligence of said City or by the negligence of the agents, servants and employees of the City.**

**I hereby give my permission for the City to call my physician and/or to arrange for transportation to a hospital in the event of any injury to said child, although I understand that the City assumes no responsibility to do so.**

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DISCLAIMER STATEMENT AND WAIVE AND RELEASE ALL CLAIMS.

PARENT OR LEGAL GUARDIAN:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Minor Child Name

\_\_\_\_\_  
Date

# City of Boca Raton



**Human Resources** • 201 West Palmetto Park Road, Boca Raton, Florida 33432-3795  
Phone (561) 393-7801 • Fax (561) 393-7908 • (For Hearing Impaired) TDD (561) 367-7046

## **VOLUNTEER SERVICE AGREEMENT**

### **Check One:**

\_\_\_\_\_ I am eighteen (18) years or older; or

\_\_\_\_\_ I am under eighteen (18) years of age, and my parent or legal guardian has executed this agreement

1. I know of no reason, medical or otherwise, which would prevent me from performing the tasks for which I have volunteered.
2. In accepting a position as a volunteer for the City of Boca Raton, I agree to accept Voluntary Workers' Compensation coverage as the sole remedy for any injuries that I may sustain while providing uncompensated services for my community. The Voluntary Workers' Compensation coverage shall be in effect to pay for medical attention for actual injuries sustained while on the job. Since volunteer service does not include wages, such compensation does not provide same.
3. I have reviewed the duties of the position listed in my job description and confirm that I have the skills and ability to perform them, and that I have no physical or mental disability, which would prevent me from performing the duties, or place others or myself at risk or injury.
4. I assume full responsibility for my safety or others, and I shall hold the City of Boca Raton harmless for any injury to me or damage to my property, and for injury or damage resulting from my own negligence.
5. I agree not to pursue legal proceedings against the City for any reason associated with my volunteer services.
6. I understand that if I use a privately owned vehicle on City business, that the City is not liable for damages incurred either to me, the vehicle or to others.
7. I will perform my services in compliance with the policies, procedures and guidelines established, and will honor the decision of the City to suspend or terminate my service.

### **Volunteer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

If the volunteer is under the age of eighteen, the parent or legal guardian must execute this Agreement and the attached Minor Volunteer Waiver and Release Form:

### **Parent or Legal Guardian:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name