



VOLUNTEER APPLICATION FORM

Name:		DOB: Month _____ Date _____ Year _____	
Address:		Primary Phone:	
Email Address:		Secondary Phone:	
Emergency Contact Person:		Relationship:	
Emergency Contact Primary Phone Number:		Secondary Phone:	
How did you hear about the Volunteer Program?			
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> School	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Internet/Other Website	<input type="checkbox"/> Town of Surfside Website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other _____

Why are you volunteering?

<input type="checkbox"/> School requirement	<input type="checkbox"/> Work/program requirement	<input type="checkbox"/> Fun/Leisure	<input type="checkbox"/> Court-Ordered	<input type="checkbox"/> Other _____
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Interests and Skills

<input type="checkbox"/> Parks and Recreation	<input type="checkbox"/> Town Hall	<input type="checkbox"/> Environmental	<input type="checkbox"/> Animals
<input type="checkbox"/> Tourist Bureau	<input type="checkbox"/> Community Service	<input type="checkbox"/> Clerical/Administrative	<input type="checkbox"/> Mentoring/tutoring
<input type="checkbox"/> Police Department	<input type="checkbox"/> Special Events	<input type="checkbox"/> Landscaping Projects	<input type="checkbox"/> Indoor/Outdoor Activities

Other Interests:

Special Skills:

Employment/School Information

What is your status?	<input type="checkbox"/> In School	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other
If applicable, please check one.	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> College	<input type="checkbox"/> Other		
Employer /School Name:				Position Title:		
Employer/School Address:				City, State, Zip Code:		

Volunteer Information

Number of hours to be completed:		Deadline date to complete hours:	
What days are you available to volunteer?	<input type="checkbox"/> Weekday Mornings	<input type="checkbox"/> Weekday Afternoons	<input type="checkbox"/> Weekday Evenings
	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Other _____

List any medical or physical limitation(s) or impairment(s) that may limit your participation in volunteer activities.

I hereby certify that I am in good health and am physically able to perform as a volunteer for the department/position indicated. 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 Town vehicle as part of the volunteer duties and/or responsibilities.

I understand that I may be subject to a complete background investigation that may include fingerprinting and agree to such. I understand that my appointment would be as a Town volunteer and as such I would not be entitled to Town benefits.

I understand that I am offering my services to the Town of Surfside without compensation. Once I become a Town volunteer, I agree to abide by all rules, regulations, and policies, either published or in effect by usage, and all rules regulations and laws of the Town of Surfside and of the State of Florida. I agree to conduct myself in a mature, responsible, and professional (if applicable) manner and to remember that I am a representative of Town of Surfside.

If my volunteer performance or behavior is deemed unacceptable by the supervisor, I understand that my volunteer appointment may be terminated.

I do further hereby release, absolve, indemnify and hold harmless the Town of Surfside, its officers, employees, agents, and sponsors, of and from any and all manner of action, suits, damages, or claims whatsoever arising from any loss or damage to the person or property of the undersigned while in possession or under the supervision of the Town of Surfside. In addition, I hereby waive all claims against the Town of Surfside, its officers, employees, agents, and sponsors in case of injury to person or property or for any claim whatsoever. I hereby consent to all rules and regulations established and understand that the volunteer coordinator will have final authority. I understand that failure to abide by the above stated guidelines will result in my immediate dismissal at the event site

If the applicant is under 18, parental/legal guardian consent to the applicant's participation in volunteer service is required below. As parent/legal guardian, please sign indicating your consent. By signing below as parent/legal guardian, you will also agree to each and every term and condition contained in the Release and Indemnification Agreement set forth above.

I understand that completion of this application does NOT automatically assure an appointment as a volunteer.

Applicant Printed Name/Signature: _____ Date: _____

Parent/Guardian Printed Name/Signature: _____ Date: _____

(If applicant is a minor, form must be notarized)

Subscribed and sworn to me this _____ day of _____, 20____ by _____

Who is personally known to me or produced the following identification _____

Notary Public Seal of Office:

Signature of Notary Public: _____ Notary Public, Print Name: _____

Commission Number _____



VOLUNTEER APPLICATION QUESTIONNAIRE

What would make you a good candidate for being a volunteer in the position that you indicated an interest in? (Special skills, talents, experience, training, etc.)

What type(s) of volunteer position(s) have you held in the past and for what organizations?

Do you have references that we may contact? (Name & phone)

What times/days of the week are you available to volunteer?

Do you have any special needs and/or require special accommodations in order to perform as a volunteer in the position that you indicated an interest in? (If yes, please indicate what)

Are you bonded to handle money?



PROPERTY OWNER HOLD HARMLESS AGREEMENT

WHEREAS, I am the **owner** of the property listed below, and I desire to use the services of the volunteers of the Volunteer Program of the Town of Surfside; and

WHEREAS, I further understand that the use of the services of the volunteers of the Volunteer Program of the Town of Surfside will be subject to restrictions and guidelines established by the Town's Volunteer Program, and I hereby agree to adhere to any/all guidelines and procedures set forth.

NOW, THEREFORE, in consideration of the permission given to me to use the services of the volunteers of the Volunteer Program of the Town of Surfside, I do hereby agree and understand that:

1. Use of the services of the volunteers involves certain risk of injury, and I hereby assume such risk.
2. The **owner** hereby releases the Town, its officers, agents, and employees from all damages, suits, claims, and demands which the owner may have against the Town, its officers, agents, and employees, by reason of its use of the services of the volunteers.
3. Neither I nor my heirs or assigns shall assert any claim or demand against the Town, its officers, agents, and employees arising out of or resulting from the volunteer services in which I am enrolling or use of the services of the volunteers.
4. I shall defend, indemnify, and hold harmless the Town, its officers, agents, and employees, from and against any and all demands, claims, losses, suits, liabilities, causes of action, judgment or damages, including legal fees and costs, arising out of or, related to, or in any way connected with the volunteers performance or non-performance of services.
5. I hereby agree to indemnify, hold harmless and defend the Town of Surfside, including but not limited to its officers, agents, subcontractors, officers, officials, representatives, volunteers, employees and all those others acting on the Town's behalf against any and all liability, loss, cost, damages, expenses, claims or actions of whatever type or nature, including but not limited to attorney and expert fees and suit cost, for trials and appeals, that the Town may pay, sustain, or incur arising wholly or in part due to any negligent or deliberate act, error or omission of volunteers in the execution, performance or non-performance of volunteer services.

I have read the guidelines above and fully understand their terms. I further understand that I have given up substantial rights by signing this form, have signed it freely and without inducement or assurance of any nature, intend it to be a complete and unconditional release of any and all liability to the greatest extent permitted by law, and agree that, if any portion of this statement is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

NAME OF REPRESENTATIVE: _____

ORGANIZATION (IF APPLICABLE): _____

ADDRESS OF VOLUNTEER ACTIVITY: _____

SIGNATURE: _____ DATE: _____