



## Escambia County Volunteer Agreement and Volunteer Candidate Request Form

I understand that:

- The references listed may be contacted by telephone or email.
- This Volunteer Candidate Request Form in no way obligates me to perform any Volunteer service.
- All records and information gathered are the property of Escambia County and, as such may be subject to public records laws.
- I hereby authorize Escambia County to conduct whatever investigation it may deem necessary to determine whether I can become an effective volunteer. I do herein affirm to the best of my knowledge that these answers and statements are, true, correct, and complete.

By signing I agree to all terms and conditions listed in the above agreement.

<b>FIRST NAME</b>				<b>LAST NAME</b>			
<b>ADDRESS</b>							
<b>CITY</b>			<b>STATE</b>			<b>Zip</b>	
<b>DAYTIME PHONE NUMBER</b>				<b>ALTERNATE PHONE NUMBER</b>			
<b>E-MAIL ADDRESS</b>							
<b>CURRENT EMPLOYER</b>							
<b>EMPLOYER ADDRESS</b>							
<b>CITY</b>			<b>STATE</b>			<b>ZIP</b>	
<b>Are you bilingual?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Language(s) Spoken:</b>		
<b>Education: (highest education level reached)</b>							
<b>HOW DID YOU HEAR ABOUT US?</b>							
<input type="checkbox"/> ECTV <input type="checkbox"/> County Employee <input type="checkbox"/> Citizen's Academy <input type="checkbox"/> County's Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> News Release <input type="checkbox"/> Flyer  <input type="checkbox"/> Public Service Announcement <input type="checkbox"/> Other _____							
<b>[Briefly Explain Why You Are Interested?]</b>							

**PLEASE CHECK DAYS AVAILABLE**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
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*How Often/Frequency?*

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Once a month	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Other	
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<b>Please List Times Available</b>	AM		PM	

<b>REFERENCE #1/NAME</b>		<b>E-MAIL ADDRESS</b>	
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<b>TITLE</b>		<b>RELATIONSHIP</b>		<b>TIME KNOWN</b>		<b>PHONE NUMBER</b>	
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<b>REFERENCE #2/NAME</b>		<b>EMAIL ADDRESS</b>	
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<b>TITLE</b>		<b>RELATIONSHIP</b>		<b>TIME KNOWN</b>		<b>PHONE NUMBER</b>	
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**EXPLAIN ANY SPECIALIZED TRAINING OR PREVIOUS EXPERIENCE**

<input type="checkbox"/> <b>My primary interest is with dogs</b>	<input type="checkbox"/> <b>My primary interest is with cats</b>
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**I'm happy to help where ever I'm needed**

**PREFERRED VOLUNTEER AREAS**

<p><b>At the Shelter:</b></p> <p><input type="checkbox"/> Dog Walker</p> <p><input type="checkbox"/> Cat Socializer</p> <p>Care and Cleaning</p> <p><input type="checkbox"/> Play Group Assistant</p>	<p><b>In my home:</b></p> <p>Short term</p> <p>Long term</p> <p><input type="checkbox"/> Socialization</p> <p><input type="checkbox"/> Bottle-feeding babies</p> <p>Other _____</p>	
<b>Other Organizations applicant volunteered:</b>	1. _____	2. _____
	3. _____	4. _____
	5. _____	6. _____

\_\_\_\_\_  
[Signature of Applicant]

\_\_\_\_\_  
[Printed Name of Applicant]

\_\_\_\_\_  
[Signature of Parent or Legal Guardian]

\_\_\_\_\_  
[Printed Name of Parent or Legal Guardian]

\_\_\_\_\_  
[Date]

*Return to: Government Complex, Attention: Human Resources, 221 Palafox Place, Suite 200, Pensacola, Florida 32502  
Phone: 850-595-3000 or Fax: 850-595-4966*

FOR OFFICE USE ONLY:  
[Approval Needed]

Department/Division		
Department Director Approval [signature]		Date
Processed By:		Contact #:
NOTES:		Date

## RELEASE OF LIABILITY for VOLUNTEERS AND INTERNS

Name of Volunteer:

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I hereby release and agree not to hold liable the Escambia County Board of County Commissioners, its officers, agents, and employees from any and all claims of any kind arising from my service as an intern and/or volunteer.

I further agree to the following:

1. I acknowledge that I am an intern and/or volunteer for the Escambia County Board of County Commissioners and have no expectations of compensation. I understand that the Escambia County Board of County Commissioners may, at any time, for whatever reason, decide to make changes in my assignment or terminate my relationship with the Escambia County Board of County Commissioners. I understand that I may decide to sever my intern and/or volunteer relationship with the Escambia County Board of County Commissioners at any time, and notice of such a decision should be communicated as soon as possible to my supervisor.
2. I understand and agree that while participating in this program, I am not an agent, servant, or employee of the Escambia County Board of County Commissioners, and therefore will not be covered by the Escambia County Board of County Commissioners for any health, death or disability benefits.
3. I agree to release and hold harmless the Escambia County Board of County Commissioners, its officers, agents, and employees from any and all claims of any kind that may arise out of my performance as an intern and/or volunteer. I waive any right of action against the Escambia County Board of County Commissioners in consideration of being allowed to serve as an intern and/or volunteer. Notwithstanding the foregoing, nothing herein shall limit or affect my rights to workers compensation benefits as a volunteer pursuant to Florida Law.
4. I understand and agree to abide by the policies and procedures of the Escambia County Board of County Commissioners relating to the performance of duties and responsibilities assigned to me.
5. I agree that any information I may gain through participation in County activities will be used by me only for my personal educational purposes, except to the extent otherwise required by law.
6. I understand and agree that, in the course of my participation as a volunteer and/or intern with the Escambia County Board of County Commissioners, I may have access to keys and combinations that are confidential because of security concerns. I understand and acknowledge that I will not disclose this information or any other security-related information to any person without prior approval of my supervisor. I understand that my intern and/or volunteer status will be revoked if I make improper disclosure of this or any other security-related information.
7. I understand and grant the Escambia County Board of County Commissioners, its successors, assigns, and licensees, the perpetual right to photograph, film, use and reproduce, as the County desires, photographs and videotapes taken of myself and/or my children during any volunteer activity. I understand that I will not receive any compensation for my participation or my children's participation in the photographs and videotapes and that the Escambia County Board of County Commissioners shall own all right, title, and interest to the photographs and videotapes, including the portions that contain the images and voices of myself and/or children.
8. I agree that should any provision of this Release be found unenforceable, all remaining provisions shall remain in full force and effect. Further, I agree that this Release shall be construed pursuant to the laws of the State of Florida.

I certify that I have read and understood the above agreement as the terms under which I will be allowed to participate as an intern and/or volunteer with the Escambia County Board of County Commissioners.

Intern/Volunteer (Printed Name):	Intern/Volunteer (Signature)
(Printed Name) of Parent or Guardian (If under 18 years of age)	(Signature) of Parent or Legal Guardian (If under 18 years of age)
Department Director (Printed Name):	Department Director (Signature):
Date:	Date:

**\*\* Signature of Parent/Legal Guardian required if Volunteer is under 18 years of age**



## ESCAMBIA COUNTY VOLUNTEER PROGRAM BACKGROUND SCREENING FORM

*(Please Print)*

Last Name				First Name				Middle			
Please list all other names you have used (i.e. Alias, Maiden)	1.				2.						
	3.				4.						
	5.				6.						
	7.				8.						
	9.				10.						
Date of Birth	Month			Day			Year				
Race <i>(please check one)</i>	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian Pacific Islander	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other: <i>(specify)</i>						
Sex <i>(please check one)</i>	<input type="checkbox"/> Male		<input type="checkbox"/> Female								
Present Address							City				
State				Zip Code			County				
Previous Address (if less than one year at present address)							City				
State				Zip Code			County				

It is the highest priority of the Escambia County Board of Commissioners to ensure the safety of our citizens. In order to provide a safe and secure atmosphere for our community's citizens, volunteers will be screened through the Escambia County Sheriff Department, the Santa Rosa Sheriff's Office, the Florida Department of Law Enforcement (FDLE), or the National Crime Information Center. When possible, Escambia County will incur all costs of the background screenings. All information received from the background check applications and reports returned from either of the agencies mentioned will be used for the purpose of determining applicant's eligibility as a volunteer participant with the Escambia County Board of Commissioners.

**No Volunteer Applicant Will Be Accepted Who Has Been:**

- A. Arrested or convicted of any crime involving sexual misconduct with or against a minor.
- B. Arrested or convicted for any type of violent crime.
- C. Arrested or convicted of any crime involving illegal drugs or alcohol.
- D. Arrested or convicted of child abuse or domestic violence.

All other arrests and convictions will be examined in order to determine whether the incident is related to the volunteer position. In these situations eligibility determinations will be based upon a minimum of the last five years.

Any applicant that is turned away based upon the background screening will be notified by the Division of Human Resources of the findings via certified letter. The volunteer may then provide a written appeal for reconsideration to the program. The volunteer must be willing to discuss with the Volunteer Coordinator and a Human Resource designee his or her previous record(s). Once the volunteer has presented his or her case, the Volunteer Coordinator and the Human Resource designee will decide to uphold or reverse the screening decision. The decision will be final concerning program eligibility.

The Board of County Commissioners reserves the right to make changes to the Volunteer Background Check Guidelines-Eligibility Criteria without notice whenever deemed necessary for the safety and protection of all citizens.

I certify that the above information is true to my knowledge and understand that it will be utilized to obtain a background screening check as a condition of volunteering with the Escambia County Board of Commissioners.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_