

Escambia County Natural Resources Department Supplemental Internship Application

I understand that:

- The supplemental application does not complete my county application. I am to complete the Volunteer Candidate Request Form to complete my application request to intern with the county.
- All records and information gathered are the property of Escambia County and, as such, may be subject to public records law.
- I hereby authorize Escambia County to conduct whatever investigation it may deem necessary to determine whether I can become an effective intern. 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.

FIRST LAST NAME NAME

E-MAIL PHONE ADDRESS NUMBER

College Major

Education *Bachelor's Senior Junior Sophmore Freshman*

Level Graduate Program Graduate Degree

Availability AM Block (8-12) Monday Tuesday Wednesday Thursday Friday Weekends

Availability PM Block (12-4) Monday Tuesday Wednesday Thursday Friday Weekends

Division(s) of Interest

Marine Resources Division: MRD provides a large array of projects utilizing and expanding on skills and experiences such as GIS, fisheries, coastal plants, coastal morphology, sea turtles, conservation, outreach, etc.

Perdido Key Conservation: provides unique field-based experiences working with a variety of protected species as well as utilizes GIS skills. This division also provides education and outreach materials and programs to the coastal areas.

Water Quality Division: Provides hands-on field experience collecting

various environmental data. Participants will learn field collection techniques and equipment use and monitoring. WQD requires long field days (up to 10 hours) and must commit to this time.

Project(s) of Interest

Geographical Information Systems (GIS)

Coastal Plant Surveys

Water Quality/ monitoring Perdido Key Conservation

Fisheries assessments Education/ Outreach

Artificial Reefs Sea Turtles

Other interests: describe below

Signature Date



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.

FIRST NAME				LAS	Г NAME		
ADDRESS							
CITY			STATE			Zip	
DAYTIME				ALTEDNIA	ATE PHONE		
PHONE NUMBER				NUM			
	E-MAIL ADDRI	ESS					
CURRENT EM	PLOYER						
EMPLOYER A	DDRESS						
CITY			STATE			ZIP	
	10						
Are you biling	gual?				Language(s)		
			□yes	□	Spoken:		
			∟ Yes	∐No	·		
Education: (h	ighest education l	lovol					
reached)	ignest education i	evei					
			HOW	DID YOU	HEAR ABOUT	US?	
□ ECTV	County Emplo	yee Citiz	en's Acad	ету 🏻 Со	unty's Websi	te 🗆 v	Nord of Mouth ☐ News Release ☐ Flyer
	Public Service Announcement Other						
[Briefly Expla	ain]						
Why You Ai Interested	re						
mterestea	•						

PLEASE CHECK DAYS AVAILABLE											
□Monday	Tuesday		Vednesday	Thursday		□ Fri	□Friday		Saturday		Sunday
			Но	ow Often/	Frequenc	y?					
Daily	□weekl	Weekly		nonth	☐Twice a month		th Other				
Please List Tim	es Available	AM					РМ				
REFERENCE #1/I	NAME				E-MAIL ADDRESS						
TITLE		RELATIO	NSHIP		TIME KNOWN			PHONE NUMBE			
REFERENCE #2/	NAME				EMAIL ADDRESS						
TITLE		RELATIONSHIP			TIME KNOWN				PHONE NUMBE		
			TRA	AINING &	EXPERIE	NCE					
PREFERRED VOLUNTEER AREAS											
Community Affairs. The Community Affairs Department is comprised of a variety of community-based projects that enhance the quality of life for our citizens.				Library. WFPL is the community's independent learning center for residents of all ages who live in Escambia County. The library provides free access to reading; audio-visual materials; event programming; and serving as an information portal offering public computing, database and internet access technology.							

	ana	mt. The Department of gement provides a diverse o the community.	Management and Budget Services. The Management & Budget Department is responsible for the primary internal and administrative functions of Escambia County government.				
☐ <u>Corrections</u> . The Co	orre	ections Department is	\square Parks & Recreation. The Parks and Recreation				
comprised of three di Corrections, Environn Control, and the Road	nen	tal Enforcement and Animal	Department maintains athletic fields and parks, developed and undeveloped neighborhood parks, beach access parks, boat launch areas, the Equestrian Center, and Lake Stone camping facility.				
□ <u>Development Servi</u>	ices	. The Development Services	☐Public Sa	fety. The department that never sleeps -			
-	-	ofessional building, mapping,	· · · · · · · · · · · · · · · · · · ·	y is responsible for keeping citizens safe			
planning and zoning s Escambia County.	serv	vices to the citizens of	from emerg disasters.	encies and both man-made and natural			
☐ <u>Human Resources</u> .	Th	e Human Resources	<u> </u>	orks. The Public Works Department is			
Department is responemployee relations, n	nsib nan	le for employment, benefits,	charged with the conservation and preservation of Escambia County's infrastructure, including Engineering, Fleet Maintenance, Facilities Management, Road Department, Transportation & Traffic and Environmental Water Quality.				
☐ Information Techn	olo	gy. The Information	☐Solid Was	ste Management. The Solid Waste			
Technology Departme	ent put	provides an efficient and ing environment through	Management Department provides solid waste disposal and recycling services and educational programs.				
personal computer sy			Other				
			Other				
Other Organizations				2.			
applicant volunteered:		1.		4			
		3.	4.				
		F	6.				
		5.					
[Signature	e of A	applicant]		[Printed Name of Applicant]			
[Signature of Parer	nt or	Legal Guardian]		[Printed Name of Parent or Legal Guardian]			
[D	ate]						
Return to: Natural Resources Management - 221 Palafox Place, Pensacola, Florida 32502							
Phone: 850-595-4988							
FOR OFFICE USE ONLY: [Approval Needed]							
Department/Division							
Department Director Approval [signature]				Date			
Processed By:				Contact #:			

Date

NOTES:

RELEASE OF LIABILITY for VOLUNTEERS AND INTERNS

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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:

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- 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.
- 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.
- 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:



ESCAMBIA COUNTY VOLUNTEER PROGRAM BACKGROUND SCREENING FORM

(Please Print)

Last Name			First Name		Middle Name	
Please list all other names you have used (i.e. Alias, Maiden)	1.			2.		
,	3.		V VIA	4.		
	5.			6.		
	7. 9.			8.		
Date of Birth	Month		Day	100	Year	
Race (please check one)	☐ Black ☐	White Asian P			her: pecify)	
Sex (please check one)	☐ Male	☐ Female	15 35			
Present Address		7		City		
State		Zip Code	337	County		
Previous Address (if less than one year at present address)		<u>, , </u>		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					

Volunteer Name:	 -
Phone Number(s)	
E-Mail Address	

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER

This information is collected so that a supervisor will know whom to contact in the event that a volunteer requires professional medical attention and is unable to communicate. In an emergency, staff is directed to contact 911.

	IN CASE OF EMERGENCY, PLEASE CONTACT:						
	Name (please print or type le	egibly):					
Ω	Relationship to volunteer:						
URE	Best Phone #		Alternate Phone #				
REQUIRED	Volunteer Printed Name:						
	Volunteer Signature:						
	Today's Date:						
	OPTIONAL: Physician contac	t #:					