



ADULT VOLUNTEER APPLICATION

Name: _____

Address: _____

Number

Street

City

Zip

E-mail address: _____

Do you possess a valid Florida Driver's License? Yes _____ No _____

License # _____ Expiration Date: _____

Date of Birth: _____

(Date of birth is being requested for the purpose of conducting a criminal background check and will be used solely for these purposes)

Home Phone Number: _____ Other Contact Number: _____

List any languages, other than English, which you speak fluently:

List any special skills or training that you have that may be useful to the City of Coral Springs:

Educational background: High School Diploma/GED: Yes _____ No _____

College _____ Degree received _____

Volunteer experience: _____

Days available for volunteer work: Su M Tu W Th F Sa

Preferred hours during day: _____ to _____

Work Experience (most recent first):

EMPLOYER

ADDRESS/PHONE

SUPERVISOR TITLE DATES

1. _____

2. _____

How did you hear about the volunteer program? _____

Have you used any illegal controlled substance in the last year? Yes _____ No _____

If yes, please explain _____

Have you ever been arrested? Yes _____ No _____

If yes, please explain _____

Is there anything in your past, which might disqualify you from functioning as a volunteer for the City of Coral Springs? Yes _____ No _____

If yes, briefly describe: _____

List two personal references, other than family:

NAME

ADDRESS/PHONE

RELATIONSHIP

1. _____

2. _____

In case of an emergency, please contact:

Name _____ Phone Number _____

Relationship to Volunteer _____

As an applicant for a volunteer position with the City of Coral Springs, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that may be available concerning me, including information of a confidential or privileged nature.

I hereby release you, the City of Coral Springs and others from liability or damage which may result from furnishing the information requested.

I understand that for security reasons, a clearance check will be conducted and I may be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a further security clearance. I agree to abide by all rules that apply to the Volunteer Program.

As a volunteer for the City of Coral Springs, I understand that I can be dismissed without cause and without notice, and that I am not eligible for compensation or benefits for services rendered.

Signature: _____ Date: _____

TELL US A LITTLE BIT ABOUT YOURSELF...

What are your hobbies and interests?

Do you prefer an office setting or a more active role?

What is the ideal volunteer job for you? In other words...what is your passion?

Tell us why you would like to volunteer your time for the City of Coral Springs?

RELEASE AND WAIVER

In consideration of the permission granted me by the City of Coral Springs, to participate as a volunteer in the City of Coral Springs Volunteer Services activities and any and all related events and activities, I the Undersigned for myself, my heirs, assigns and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE CITY OF CORAL SPRINGS AND ITS AGENTS, OFFICERS AND EMPLOYEES from all liability to the Undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of action, damages, losses and liabilities, costs, expenses and compensation on account of my death or injury to my person or property and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my participation in this activity or event.

I certify and warrant that I am in good physical condition and able to participate as a volunteer in the above activity or event, and do agree to do so at my own risk.

I expressly agree and acknowledge that my participation in the above referenced activity is as a volunteer and not as an employee of the City of Coral Springs and that I understand and agree that I shall not accrue nor shall I be entitled to any City employee benefits or other incidents of employment by virtue of this agreement.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This release and Waiver contains the entire agreement between the Undersigned and CITY OF CORAL SPRINGS and the terms of this Release and Waiver are contractual and not a mere recital.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on

_____, 20_____.

By: _____

By: _____

(Printed Name of Signator)

I asked the Signator if he/she understood what is being signed.

Witness: _____

Return to:
Volunteer Services, City of Coral Springs
9500 West Sample Road
Coral Springs, FL 33065
954-346-4430