



NEIGHBOR VOLUNTEER OFFICE

Volunteerism: The Spirit of Fort Lauderdale

Welcome to the City of Fort Lauderdale

Volunteer Application

Thank you for your interest to volunteer your time and talent to make Fort Lauderdale the hometown we all want to live, work, play and raise our children in.

Our pledge:

The volunteer opportunity must be a meaningful and mutually satisfying experience, and build community.

Full Name: _____			Date: __/__/20__	
Address: _____		City: _____	State: _____	Zip: _____
Home phone: () _____	Work phone: () _____	Cell phone: () _____		
E-mail Address: _____				

Please let us know the best times when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Volunteerism is the Spirit of Fort Lauderdale and we are proud to offer hundreds of event and part-time volunteer opportunities in almost every department. In order to place you into an assignment that you will excel in and are passionate about, please circle several of the opportunities and complete the brief questionnaire. Note that individual departments such as Parks and Recreation, the City Clerk's Office, Fire and Police may require additional screening and background checks, as well as varying educational and time commitments.

Basic Requirements and Procedures:

- 1. Application:** As a potential volunteer, you will need to provide a photo I.D., and complete this Application and the Liability Waiver contained within. Applicants under the age of 18 must have written consent of a parent to guardian prior to volunteering.
- 2. Personal Interview:** Upon review of your application, the Neighbor Volunteer Office will interview you regarding your skills, qualifications, interest and goals.



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- 3. Background Screening:** In an effort to ensure the safety of City residents, employees and volunteers, the City of Fort Lauderdale requires that every volunteer undergoes a background check. Please note that a background check has to be updated on an annual basis.
- 4. Orientation:** There will be a monthly "Getting to Know Yourself" class to match your strengths, interests and passion with a volunteer opportunity that is meaningful to you.
- 5. Placement:** In order to assure a mutually satisfying experience, an interview will be set up with the chosen department liaison to further discuss the volunteer duties, code of conduct and department's function.
- 6.** Once the background check and the volunteer assignment process are complete, a badge and parking pass (if required) will be issued and you will be notified of the assignment details.

Special Placement Request:

Park and Recreation Department:

Kids Events / Activities	Youth Sports / Athletics	Adult Sports / Athletics	Clerical Support	Special Events: Adult Events / Activities
Cultural Arts	Park Beautification	Beach Clean-up	"Green Your Routine" recycling	
Tax Preparation assistance		Other		
Are you a seasonal resident? Yes <input type="checkbox"/> No <input type="checkbox"/>				
I am in town from: _____ to: _____				
Desired Facility Location: _____				

Police Department:

Citizen Police Academy	Citizens on Patrol	Traffic Direction (event disaster)
Cadet (Youth)	Homeless Outreach	Clerical Support



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Special Placement Request: _____

Fire Department:

Community Emergency Response Team

Explorers (Youth)

Marine Auxiliary

Do you own a boat: Yes No

If yes: What type of boat: _____

Department Volunteer Opportunities:

There are always varying assignments available in below mentioned departments: (Please check with the Volunteer coordinator for the latest list.)

Finance

Information Technology

Human Resources

Public Works

Transportation & Mobility

Sustainable Development

Other Opportunities:

Disaster Preparedness

Disaster Response

Disaster Clean-Up

Questionnaire: _____

Department Volunteer Opportunities:

How did you hear about the program? _____

How long can you commit to volunteering:

One Time

Occasionally

3-6 Months

More than 6 months

Other

Do you prefer to work (check all that apply)

Directly with people served

Behind the scene

Other languages you speak : _____

Basic

Conversational

Fluent

What are your strengths? Describe any special skills, hobbies, interests or training you have that would be helpful for the volunteer program: _____



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Questionnaire:

Department Volunteer Opportunities:

Describe any previous volunteer experience (Agency, Date & Duties Performed): _____

Why, at this particular time in your life, have you chosen to volunteer with us? What do you hope to gain from the experience? _____

Date you can begin service: ___ / ___ / 20__

Emergency Contact Information:

Full Name: _____ Relationship to you: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: () _____ Work phone: () _____ Cell phone: () _____

E-mail Address: _____

Criminal History:

Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense or felony? () yes () no. If yes, provide details (offense, date, place, and disposition) on a separate sheet of paper. Note: A 'yes' answer to this question will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the volunteer job will be considered.



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Criminal History:

Read this section carefully before you sign the application below.

I certify that each answer to the questions in this application and all other information provided by me is true and correct to the best of my knowledge. I understand that any misrepresentations of facts shall be considered basis for rejection of my volunteer application or discharge if accepted. I authorize the City of Fort Lauderdale to verify information in this application and to contact the listed references, if applicable. I understand that a background screening might be conducted as it applies to the volunteer assignment in which I have expressed an interest.

I agree that the City of Fort Lauderdale has permission to perform a Social Security Verification, Fingerprinting Trace, and Criminal History Record Check for the purpose of determining my fitness to work with children, elderly, and the disabled.

Please provide the additional information required to perform a background check:

Date of Birth: ___ / ___ /20__	Place of Birth: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Occupation: _____	Employer: _____	SSN: - - -
Driver License: _____	Expiration Date: ___ / ___ /20__	

I agree to abide by and comply with all rules, regulations, policies, procedures and practices established by the City of Fort Lauderdale for volunteer activities I understand that the volunteer coordinator will have final authority and the failure to abide by the stated guidelines may result in immediate dismissal at the event site.

Drug and Alcohol Testing Consent: The City of Fort Lauderdale recognizes the costs to society and to individuals from drug and alcohol use. The City maintains a firm commitment to strive to provide reliable service to its clients, and a safe and healthy work environment for its interns/volunteers. The following policy has been adopted and will be enforced:

- The City prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on City's property, in the presence of City's clients, while on duty, during rest periods and break periods, while operating an City's vehicle or attending an City-sponsored event.
- Volunteers may not use alcohol within eight hours before volunteer assignments.
- Volunteers who violate this prohibition will be subject to disciplinary action. Nothing in this policy restricts the City's right to end the volunteer opportunity at any time, with or without notice, for any reason not expressly prohibited by law.
- The City of Fort Lauderdale retains the right to require any intern/volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury to persons or damage to property.



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Criminal History:

- Volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.

I have read and understand the Drug Free Workplace Compliance Statement. I agree to comply with the City of Fort Lauderdale Drug and Alcohol Policy.

I HAVE READ AND UNDERSTAND AND AGREE AS FOLLOWS: In consideration of this registration in the activities provided by the City of Fort Lauderdale;

RELEASE AND WAIVER OF CLAIMS: I, _____, for myself and for my heirs, executors, and assigns, and, if the participant is a minor child, for my minor child or ward and my minor child's or ward's heirs, executors, and assigns do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my or my child's or ward's participation in activities offered by the City of Fort Lauderdale ("City") and do hereby release, discharge, and covenant not to sue, City, and its officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I or my minor child or ward might have against City, or its officers, employees, agents, and volunteers, for any reason, including any of the released parties' negligence, and agree to indemnify and hold harmless the City, and its officers, employees, agents, and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my or my minor child's or ward's participation in any activity offered by City at the Fort Lauderdale;

INSURANCE RESPONSIBILITY: I, as the participant or the participant's guardian understand that participation may subject the participant to a certain degree of risk to injury and that the City will not be liable for medical expenses or other claims for damages, based upon property damage or personal injury as a result of these activities. Any insurance protection must be obtained by the participant;

PHOTO RELEASE: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself and/or my minor child for publicity purposes.

Participant _____ Participant's Parent _____ Guardian Signature _____ Witness Signature _____

For office use only

BACKGROUND CHECK

Check Run <input type="checkbox"/>	Date: / /20	Run By: _____	Approved By: _____
I.D. Badge <input type="checkbox"/>	Date: / /20	Issued By: _____	Other: _____ Date: / /20
By: _____	Placement Date: / /20	Assigned To: _____	