



VOLUNTEER APPLICATION

The application must be fully completed to be processed. Incomplete applications will not be accepted. Please use blue or black ink and ensure your handwriting is clear and legible.

A VALID PHOTO ID IS REQUIRED TO PROCESS ALL APPLICATIONS.

PLEASE PRINT

Date: _____

Event or activity in which you are volunteering: _____

Last Name: _____ First Name: _____ MI: _____

Other Names (Maiden, alias, etc.): _____ Social Security Number: _____

Driver's License Number: _____ State Issued: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

E-Mail: _____

If you speak any other Languages, please specify here: _____

Have you ever volunteered with the City of Riviera Beach? ☐ Yes ☐ No

If yes, please specify: _____

Previous Volunteer Experience:

Occupation (Previous occupation if retired): _____

Name of Company: _____ Name of Supervisor: _____

Date of Employment: _____ Contact Phone: _____

What training or formal education have you completed that would support your role as a volunteer with us?

Do you have any certifications (CPR, First Aid, etc.)? _____ Yes _____ No

If yes, please specify: _____

Have you received any formal training in working with or teaching children and/or adults? _____

Yes _____ No _____ (If yes, please specify): _____

Please share any additional information that may help us find the best match for you, such as your education, interests, or hobbies. _____

Additional Information

Do you wear glasses or contacts? _____ Yes _____ No Do you smoke? _____ Yes _____ No

Do you currently take any medication? _____ Yes _____ No

If yes, please specify: _____

Do you have any allergies? If so, please list them: _____

Do you have any other medical conditions or special requirements?

Emergency Contacts

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Volunteer Signature: _____ Date: _____

I, _____, do hereby give my consent to the City of Riviera Beach-Parks and Recreation Department, to secure and authorize such emergency medical treatment as I might require while performing volunteer services. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. **NOTE:** Every effort will be made to notify the emergency contact in case of an emergency. In the event of an emergency, it would be necessary to have the following information: consent. **NOTE:** Every effort will be made to notify the emergency contact in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

Physician's Address: _____

Volunteer Signature: _____ Date: _____

Parent of Volunteer: _____ Date: _____
(if under 18 years old)

CONFIDENTIALITY STATEMENT

I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations. All data, materials, knowledge and information generated through, originating from, or having to do with the City or persons associated with our activities, is to be considered privileged and confidential and is not to be disclosed to any third party. I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services.

I understand that failure to comply with this confidentiality statement will result in immediate termination of my volunteer appointment.

Volunteer Signature: _____ Date: _____

Parent of Volunteer: _____ Date: _____
(if under 18 years old)

VOLUNTEER RELEASE AND WAIVER OF LIABILITY AUTHORIZATION

The consideration for this Authorization, Release and Waiver of Liability and Indemnity Agreement (hereinafter referred to as the "Agreement") is the participating in volunteer services, which I agree is a service to the community and the City's waiver of any requirement that the I carry self-funded liability insurance prior to being allowed to engage in volunteer service. I acknowledge that absent the execution of this Agreement, the City would not have offered me the ability to engage in volunteer service, because of unacceptable exposure to liability claims.

I hereby agree, personally and/or on behalf of myself that participates in volunteer service is only granted by the City because of its understanding that in the event of injury to me, or damage of loss or property, that any insurance policy held by me, which covers such injury or loss shall be the primary source of any recovery.

I, personally and on behalf of my heirs, personal representatives, executors and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the City of Riviera Beach, its officers, employees, and agents, individually or in an official capacity for the City (also referred to as "Releasee") from all liabilities, claims, demands, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the activity, including, travel to or from the activity, for bodily injury, death or property damage suffered by me before, during, or after volunteer service. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any release or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of Releasee or otherwise while engaged in or as a result of the activity. I expressly acknowledge and agree that the activity may involve the risk of injury or property damage.

I shall defend (if directed by the City), hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me to participate in volunteer service, even if allowing me to participate in volunteer service is later found to be wrongful or negligent.

I further expressly agree that the foregoing release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY CERTIFY THAT I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Volunteer Signature: _____ Date: _____

Parent of Volunteer): _____ Date: _____
(if under 18 years old)

Code of Ethics Training

All approved volunteers must complete the Palm Beach County Code of Ethics training via video (<https://www.youtube.com/watch?v=n0q-GZJpB3A> link to video) or reading the Palm Beach County code of Ethics Ordinance (received from Parks & Recreation Admin) office. Volunteers must complete the video or read the ordinance in its entirety. Sign and return the attached Code of Ethics Training Acknowledgement form once completed with volunteer application.

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, The City of Riviera Beach may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to The City of Riviera Beach to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with The City of Riviera Beach's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the City of Riviera Beach, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, The City of Riviera Beach is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for any and all violations of The City of Riviera Beach policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant The City of Riviera Beach and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Print Name

Date

Signature