

Teen Volunteer Guidelines St. Johns County Pet Center

Thank you for your interest in volunteering at the Pet Center

Who:

- Teens ages 14-17.
- Court ordered volunteers are **not** accepted.
- The Pet Center staff reserves the right to dismiss a volunteer whose skill set does not match the pet centers needs or whose behavior or volunteer habits are disruptive.
- Teens ages 14 to 17 must have a parent present, they will need to sign up as a volunteer as well, background checks are required for all those ages 18+.

When:

- Orientations are once a month. Sign Up is required. Dates are subject to change.

How:

- Applications can be obtained from the Pet Center's website on the "You Can Help" tab under *Pet Center*.
- Teen and parent must sign the applications.
- In addition, the teen and parent must sign the teen volunteer contract.
- Teens that arrive late for orientation will be assigned to the next orientation.
- If you miss an orientation, you will have to wait until the following month.

Rules (more to be discussed in the Orientation)

- Only closed toed shoes may be worn while volunteering, no flip-flops, sandals, etc.
- Volunteers are allowed only during their scheduled time, walk in volunteering is not permitted.
- Make sure to sign in and out so that you receive credit for your volunteer hours.
- Volunteer letters must be requested at least one week in advance.



Teen Volunteer: Contract & Application Form

Dear Teen,

Thank you for your interest in volunteering at the St. Johns County Pet Center. Teens must finish 8th grade before they may volunteer. Teen Volunteers need to be between the ages of 14 and 17. Court-ordered volunteers are not accepted.

Requirements:

- Read and sign this application.
- Attend Volunteer Orientation.
- Volunteer letters for teens are available upon request. The letters would be available at the front desk.
- The Pet Center reserves the right to terminate teens who are not a good fit for the pets or teens who are disruptive.

Tasks:

- Socialization of kittens and/or cats.
- Socialization, playing, bathing, walking of puppies and/or dogs
- Making litter boxes and/or carrier boxes.
- More tasks may be offered as you gain experience

Responsibilities:

- Sign in and out on your time sheet in the Volunteer Notebook (when you arrive for your shift and before you leave).
- Be courteous to Pet Center patrons, staff, and other volunteers.
- Keep cell phone use to a minimum.

Dress Code:

- **Closed-toed shoes are required.** You will be sent home if you wear sandals, flip-flops, etc.
- Dress by school dress code guidelines. No cut-off or frayed clothing, revealing clothing, short skirts or shorts, bare midriffs, etc. T-shirts with graphics relating to violence, drugs, alcohol, etc. are inappropriate

Name: _____ Date: _____

Grade: _____ Date of Birth _____

Name: _____ Date: _____

(Parent/Guardian)

Teen Volunteer

Please read the application. Initial each line and sign below:

- _____ I have read the application information completely.
- _____ I will behave and dress appropriately in the Pet Center.
- _____ I will keep track of my time on the time sheet.

Teen Volunteer Signature _____

Date: _____

Parent/Guardian

Please read the application. Initial each line and sign below:

- _____ I have read the application form with my teen.
- _____ I will make sure that my teen is with me at all times (if applicable)
- _____ I understand that my teen may not be dropped off, and that transportation must be on site at all times.

Parent/Guardian Signature _____

Date: _____



ST. JOHNS COUNTY APPLICATION FOR VOLUNTEER SERVICE

Personnel Services Department
500 San Sebastian View
St Augustine, FL 32084
(904) 209-0635

A Drug Free Workplace and an Equal Opportunity Employer

Name: Last, First, Middle _____

Home Phone _____

Cell Phone _____

Email Address _____

Mailing Address: Street _____

City _____

State _____

Zip _____

Department/Type of Volunteer Work Interested in Performing _____

Availability:	Monday	hours _____
	Tuesday	hours _____
	Wednesday	hours _____
	Thursday	hours _____
	Friday	hours _____
	Saturday	hours _____
	Sunday	hours _____

Parental Permission:

If you are under the age of 18, a parent/legal guardian must sign the following permission:

I _____ parent/legal guardian grant permission for
_____ to volunteer at St. Johns County.

Parent/Legal Guardian Signature: _____

Date: _____

Have you had any change of name in the past or used an assumed name? ___ If you answered yes to this question please list the names and timeframe the names were used.

Volunteer Experience

Employer	Work Dates (From/To)	Work Performed
Street Address	City/ State	Zip
Immediate Supervisor		

Employer	Work Dates (From/To)	Work Performed
Street Address	City/ State	Zip
Immediate Supervisor		

Education (<i>highest level completed</i>); <input type="checkbox"/> Some College <input type="checkbox"/> College	<input type="checkbox"/> Elementary	<input type="checkbox"/> High school	<input type="checkbox"/> Technical	<input type="checkbox"/> Graduate	<input type="checkbox"/> Professional Training	<input type="checkbox"/> Other. _____
--	-------------------------------------	--------------------------------------	------------------------------------	-----------------------------------	--	---------------------------------------

Extra-curricular activities and honors received:

Skills, training or apprenticeships:

Character References:

	Name	Phone#	Address	Relationship
1.	_____			
2.	_____			
3.	_____			

In Case of Emergency Please Notify:

Name	Relationship	Home Phone	Cell Phone
Address		City/State	Zip

St. Johns County is a drug free workplace and an equal employment opportunity employer and considers applications for all volunteer positions without regard to race, color, age, sex, religion, national origin, disability or genetics.



St. Johns County Volunteer Expectations

As a St. Johns County Volunteer:

1. I shall hold absolutely confidential all information that I may obtain directly or indirectly while serving as a St. Johns County volunteer.
2. I shall read and comply with the policies set forth in the Administrative Code.
3. I will donate my services to St. Johns County without contemplation of compensation or future employment and give my service for humanitarian and charitable purposes.
4. I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions on County premises.
5. I will be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and will endeavor to maintain a professional appearance and deliver quality service.
6. I will attempt to resolve any problems related to my volunteer activities with my supervisor and, if unsuccessful, attempt to resolve any such problems with another member of management.
7. I will uphold the professional conduct and standards of St. Johns County at all times while interacting with patrons/customers, other County staff and volunteers.
8. I understand that St. Johns County may release me as a volunteer at anytime.
9. I understand that St. Johns County assumes no responsibility for any contact, visits or services provided by me that are beyond the scope of responsibilities defined by my specific work assignment.
10. I shall participate in all required training.

I have read and understand the Volunteer Expectations as stated above and agree to adhere to them while serving as a St. Johns County volunteer.

Signature

Date

Printed Name

Parent/Guardian Signature if under Age 18

Date

Printed Name

Applicants Statement

I understand that all information provided to St. Johns County will become a matter of public record and will be open to inspection as required by Florida Statute.

I certify that the foregoing answers are true and correct to the best of my knowledge. I authorize the investigation of all statements contained in this application and hereby give St. Johns County permission to contact schools, previous employers, references, and others, and hereby release the organization from any liability as a result of such contact. I understand that any false or misleading information or omissions of facts requested in this application **may remove me from further consideration for volunteer service.**

I understand that my volunteer service with the organization is for no specific length of time but is based on the needs of the organization and my willingness to devote my time and skills to support it.

The contents of the volunteer and related personnel policies as well as other organization policies and practices are subject to change. It is my responsibility to read, understand and follow such policies and to stay abreast of all changes.

St. Johns County requires all volunteer applicants to undergo a criminal background screening and Florida driver license verification prior to working in our organization and my signature authorizes such screenings. I also authorize St. Johns County to review, and make decisions based on any content found on any and all Internet and **social media sites.**

Signature

Date



**General Release and Waiver of Liability in Favor
of St. Johns County Volunteer**

The undersigned acknowledges that he/she shall perform volunteer services for St. Johns County, Florida, on an as needed basis in association with _____ department beginning _____ (date)

The undersigned further acknowledges, accepts, and agrees to as fact, that in his/her capacity as a volunteer beginning on the above-noted date, in association with the above-noted department, the undersigned releases, acquits, abandons, waives, and forever discharges St. Johns County, the County's officials, employees, or staff, and other St. Johns County volunteers from any, and all, claims (including, but not limited to, tort-based, contractual, equitable, injunctive, and/or administrative), losses (including but not limited to property, (personal and/or real), and bodily injury), costs (including attorneys' fees), suits, administrative actions, arbitration, or mediation, that are in any way, form, or fashion associated with the above-referenced volunteer services.

The undersigned enters into this Waiver and Release free of any duress, or any other illegal form of enticement.

If any word, phrase, sentence, part, subsection, section, or other portion of this Waiver and Release, or any application thereof, to any person or circumstance is declared void, unconstitutional, or invalid for any reason, then such word, phrase, sentence, part, subsection, or other portion, or the prescribed application thereof, shall be severable, and the remaining portion of this Waiver and Release, and all applications thereof, not having been declared, void, unconstitutional, or invalid, shall remain in full force, and effect.

This Waiver and Release shall be construed according to the laws of the State of Florida. Venue for any legal or administrative action arising under this Waiver and Release shall be in St. Johns County, Florida (for State or administrative actions), and Jacksonville (for Federal actions).

This Waiver and Release shall be effective as of _____ 20__.

ST. JOHNS COUNTY

BY: _____
Department Representative

WITNESS AS TO COUNTY

BY: _____

WITNESS AS TO COUNTY

BY: _____
Volunteer Signature

WITNESS AS TO VOLUNTEER

BY: _____



Policy and Acknowledgement Statement

My signature represents that I have been provided the appropriate training to review the Administrative Code (policy manual) which is located on the Intranet and I have read and understand the content of the Personnel section of the Administrative Code. •I acknowledge that I am responsible for reviewing this document from time to time as all updates/ changes are posted on this site and paper copies are not available. Further, I shall follow all policies and established business practices of the department to which I am assigned while ,serving as an active volunteer.

Signature

Printed Name

Date