



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"/> Elementary	<input type="checkbox"/> High school	<input type="checkbox"/> Technical School
<input type="checkbox"/> Some College	<input type="checkbox"/> College	<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.	<hr/>			
2.	<hr/>			
3.	<hr/>			

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.

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, pervious 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



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



Acknowledgement Statement For Volunteer Social Security Number Use

In compliance with Florida Statute 119.071 (5) 1-4, St. Johns County, Board of County Commissioners collects your Social Security Number for one or more of the following purposes:

- Identification and Verification
- Credit Worthiness (if applicable)
- Data Collection
- Background Investigations

My signature represents that I have read and understand the content of this document.

Signature

Printed Name

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: _____

By: _____
Volunteer Signature

WITNESS AS TO COUNTY

WITNESS AS TO VOLUNTEER

BY: _____

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



Background Check Disclosure and Authorization Form

DISCLOSURE

In the interest of maintaining the safety and security of our citizens, customers, employees and property, St Johns County, Board of County Commissioners will order a consumer report, including an “investigative consumer report” (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the County, may order additional background reports on you for employment purposes. The background check company, Medical Express Corporation, will prepare the background report for the County. Medical Express Corporation is located at 4237 Salisbury Road, Suite 304 Jacksonville, FL 32216 and can be reached at (800) 835-7738.

The background report may contain information concerning your character, general reputation, personal characteristics, and mode of living. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by Medical Express Corporation or another outside organization. You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the St Johns County, Board of County Commissioners at (904) 209-0635. A summary of your rights under the Fair Credit Reporting Act is also available to you by selecting the link at the bottom of this form.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize St Johns County, Board of County Commissioners to order my background report, including investigative consumer reports. I understand that the County may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law. I also authorize the following agencies and entities to disclose to Medical Express Corporation and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me.

The information that can be disclosed to Medical Express Corporation and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing. I agree the County may rely on this authorization to order background reports, including investigative consumer reports, from companies other than Medical Express Corporation without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that any dishonesty in completing this form will disqualify me from consideration for employment with the County, or if I am hired or already work for the County, that my employment may be terminated.

For Fair Credit Reporting Act information in an ADA compliant format please select the link: <http://www.ftc.gov/os/statutes/031224fcra.pdf>

Initial Here _____

AUTHORIZATION FOR BACKGROUND CHECKS

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Current/Present Street Address

Street Address _____

City/State/ZIP _____

Prior From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Street Address _____

City/State/ZIP _____

Prior From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Street Address _____

City/State/ZIP _____

Prior From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Street Address _____

City/State/ZIP _____

Signature _____

_____/_____/_____ **Contact Phone Number** _____
Month Day Year