



**ST. JOHNS COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
**APPLICATION FOR VOLUNTEER SERVICES**

Human Resources 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**

---

**Cell Phone**

---

**Email Address**

---

**Mailing Address: Street**

---

**City, State & Zip Code**

---

**Department/Type of Volunteer Work Interested in Performing**

**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: \_\_\_\_\_

**In Case of Emergency Please Notify:**

Name

Relationship

Cell Phone

Street Address

City, State & Zip

## 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		

<b>Education</b> <i>(highest level completed)</i> _____ Technical School _____ Professional Training	_____ Elementary _____ Some College _____ Other _____	_____ High school _____ College
--	---	------------------------------------

Extra-curricular activities and honors received:

---



---



---

Skills, training or apprenticeships:

---



---



---

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

---

Signature

---

Date



**St. Johns County**  
**Board of County Commissioners**  
**Volunteer Expectations**

As a St. Johns County Board of County Commissioners Volunteer:

1. I shall hold absolutely confidential all information that I may obtain directly or indirectly while serving as a St. Johns County Board of County Commissioners 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 Board of County Commissioners 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 Board of County Commissioners at all times while interacting with patrons/customers, other County staff and volunteers.
8. I understand that St. Johns County Board of County Commissioners may release me as a volunteer at anytime.
9. I understand that St. Johns County Board of County Commissioners 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 Board of County Commissioners volunteer.**

---

Signature

Printed Name

Date

---

Parent / Guardian Signature if under Age 18

Printed Name

Date



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

The undersigned acknowledges that he/she shall perform volunteer services for the Board of County Commissioners in St. Johns County, Florida, on an as needed basis in association with the \_\_\_\_\_ department beginning \_\_\_\_\_.  
(Date)

The undersigned further acknowledges, accepts, and agrees 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 Board of County Commissioners; 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, Florida (for federal actions).

This Waiver and Release shall be effective as of \_\_\_\_\_, 20\_\_\_\_\_.

**ST. JOHNS COUNTY**

BY: \_\_\_\_\_

Department Representative

BY: \_\_\_\_\_

Volunteer Signature

**WITNESS AS TO COUNTY**

**If under the age of 18, parent or legal guardian must  
sign below:**

BY: \_\_\_\_\_

BY: \_\_\_\_\_

**WITNESS AS TO COUNTY**

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 that 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 and 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