



PARKS & RECREATION • VOLUNTEER APPLICATION

This application must be filled out, submitted and approved before volunteering can begin. If you have any questions, please contact the Parks & Rec Volunteer Program at Volunteers@MyClearwater.com or **727-562-4832**.

Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Alt. Phone:** _____
Email Address: _____
DOB: _____ **Occupation:** _____

Are you a seasonal resident? ☐ Yes or ☐ No

If yes, what months are you available? _____

Emergency Contact: _____ **Phone Number:** _____

AVAILABILITY • Please select times you are open & available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
Afternoon							
Evening							

AREAS OF INTEREST • Please select all the areas you are interested in participating or learning more about.

RECREATION CENTER	ATHLETICS & EVENTS	BEAUTIFICATION	MOCCASIN LAKE
☐ Aquatics	☐ Coaching	☐ Park Clean-up	☐ Front Desk/ Admin
☐ Camp Counselors	☐ Tournaments	☐ Beach Clean-up	☐ Guided Tours
☐ Coaching	☐ Sporting Events	☐ Beautification Projects	☐ Animal Care
☐ After School Tutoring	☐ Special Events - City	☐ Greenies	☐ Park Maintenance
☐ Front Desk/ Admin			☐ Instructors
☐ Junior Lifeguards			☐ Other:
☐ Aging Well Center			
☐ Community Service			
☐ Events			

Are you looking to fulfill Community Service Hours? ☐ Yes or ☐ No

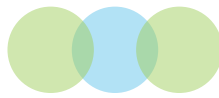
Is this school related? ☐ Yes or ☐ No

Is this court mandated? ☐ Yes or ☐ No

I need to complete _____ Hours by _____ 20____

Why do you want to volunteer for the City of Clearwater, Parks & Recreation Department?





Do you have special skills or talents that would be relevant to your volunteer position? If so, please explain:

Please briefly list your previous volunteer experience or work history.

Have you ever been convicted of a felony? ☐ Yes or ☐ No

If yes, please explain: _____

Are you willing to submit to a criminal background check or child abuse registry check, if needed for your volunteer position? ☐ Yes or ☐ No

Failure to submit will result in an immediate dismissal from the Volunteer Program.

Do you currently have a State of Florida, Drivers License? ☐ Yes or ☐ No

Please attach a copy to this application or scan/email to Volunteers@MyClearwater.com

I understand that filling out an application does not promise me a volunteer assignment with the City of Clearwater, Parks & Recreation Department. I understand that I may need to complete additional steps for my assignment and that a Volunteer Program representative will reach out to me in regard to my application, as soon as possible.

Print Name: _____ **Signature:** _____

Date: _____ **If under 18, Parent Signature:** _____

Parent name: _____ **Phone:** _____

Please return application to:

Clearwater Parks & Recreation Department • P.O. Box 4748 • Clearwater, FL 33758 • Attn: Volunteer Program

Volunteers@MyClearwater.com • 727-562-4832 • www.MyClearwater.com





CITY OF CLEARWATER: PARKS & RECREATION DEPARTMENT

Request for Background and Local Law Enforcement Check: Employment/Volunteers/Contractors

To be processed by the Clearwater Police Department: Local Law Enforcement Check

To be processed by the Human Resources Department: FDLE Criminal Background Check/Level 2 Background (if applicable)/County Background screening

APPLICANT INFORMATION

Pursuant to Section 409.175 and Chapter 435, Florida Statutes, the City of Clearwater Parks & Recreation Department requests a background check on the applicant listed below:

Last Name

First Name

Middle Name

Other names applicant has used

(Include maiden/nicknames): _____

Address _____

Drivers License or ID # _____ State _____ Expiration _____

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Date of Birth

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Social Security Number

Gender

I understand this is a request for my arrest history and give my permission for it to be released to Clearwater Parks & Recreation Dept. for employment/volunteer, or contractual purposes.

Signature of Applicant

Date

Parent/Guardian (if minor)

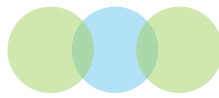
Date

ATTENTION ALL INTERNAL BACKGROUND PROCESSORS: please forward all results to Alyssa Gaudreault, Volunteer Manager in Parks & Recreation via email at Alyssa.Gaudreault@myclearwater.com , (727) 562-4832.

APPOINTING AUTHORITY

City of Clearwater

According to Chapter 35.09, Confidentiality of personnel background check information, " No criminal, juvenile, or abuse hotline information obtained under this section may be used for any purpose other than determining whether persons meet the minimum standards for employment or other services for an owner or director of a covered service provider. The criminal records and juvenile records obtained by the department or by an employer are exempt from 119.07(1), Public Records."



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to work for the city of Clearwater as a volunteer.
2. As a volunteer, I understand that I control the dates and times when I do the work and that the city of Clearwater is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury.
I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for the city of Clearwater, I hereby agree that, I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue the city of Clearwater or its officials, employees, agents, contractors, or any other affiliate for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officials, employees, agents, contractors, or any other affiliate of the city of Clearwater as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE CITY OF CLEARWATER AND ITS OFFICIALS, EMPLOYEES, AGENTS, CONTRACTORS, AND ANY OTHER AFFILIATE FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I authorize the city of Clearwater to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer.
6. I understand that the materials and tools provided by the city of Clearwater are and remain the property of the city of Clearwater, and I agree to return these tools and any remaining materials to the city of Clearwater at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Volunteer Signature _____

Printed Name _____ Date _____

City of Clearwater Representative _____

Printed Name _____ Date _____

If volunteer is under 18 years of age, parent or guardian must read and sign the following:
This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Parent of Guardian Signature _____

Printed Name _____ Date _____



CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County of _____

I, _____ who, as an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____,

I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

RELATING TO:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn quick child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution

Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child Former
Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/ employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE _____ Date _____

SIGN ABOVE OR BELOW, DO NOT SIGN BOTH LINES

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE _____ Date _____

In Witness Whereof, Employee has attested to Good Moral Character on this date _____

SIGNATURE of Owner/Director: _____