

HIGHLANDS COUNTY VOLUNTEER APPLICATION

600 S. Commerce Ave.
Sebring, FL 33870

EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, sex, marital status, religion, creed, national origin, political opinions or affiliations, age, the presence of a non-job related medical condition or disability, or any other legally protected status. The information requested on this application is required by law and/or by the Highlands County Commission's personnel rules and regulations and is necessary to be evaluated for employment with the Board. In accordance with the ADA, we provide reasonable accommodation upon request. *Drug-Free Workplace Policy:* In accordance with F.S. 112, Highlands County Board of County Commissioners is a drug-free workplace. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) follow up on routine fitness for duty. Drug and alcohol testing of employees holding commercial drivers' licenses is conducted per federal law and regulation 49 CFR Part 382.103/107.

Highlands County collects your Social Security Number for the following purposes: To initiate and process volunteer applicant background checks to include educational institutions, government agencies, companies, corporations and for Drug Screening Identification.

PERSONAL INFORMATION

Name _____	Social Security Number _____	Date of Birth _____
Mailing Address _____		
County _____	State _____	Zip Code _____
Home Phone _____	Work Phone _____	
In case of emergency, contact: _____		
	Name	Phone
Driver License Number _____		

CITIZENSHIP

Are you a U.S. citizen or are you legally authorized to work in the U.S.? () Yes () No

EDUCATION

HIGH SCHOOL						
Name/Address of School	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None					
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL						
Name/Address of School	Dates of Attendance (Month/Year)		Credit Hours Earned		Major Courses	Type of Degree Earned
	From	To	Sem.	Qtr.		

BACKGROUND INFORMATION

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? () Yes () No

NOTE: A "Yes" answer to the above will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

If "Yes", what charges? _____

Where _____ Date _____

WORK EXPERIENCE

Name of Present Employer: _____ Address: _____

County: _____ State: _____ Phone: _____ Supervisor's Name: _____

Job Title: _____ From (month/year) _____ To (month/year) _____ Hrs. Per Week _____

Reason for Leaving: _____ Specific duties and tasks performed: _____

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Name of Present Employer: _____ Address: _____

County: _____ State: _____ Phone: _____ Supervisor's Name: _____

Job Title: _____ From (month/year) _____ To (month/year) _____ Hrs. Per Week _____

Reason for Leaving: _____ Specific duties and tasks performed: _____

Are you presently employed with Highlands County? () Yes () No

APPLICANT'S STATEMENT

I hereby certify that all statements made in this application are true and complete. Further, I understand that misrepresentation or omission of information by me shall serve as a basis for termination with Highlands County. Permission is granted to Highlands County to investigate and verify any information provided on this and successive documents completed for purposes of consideration. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I consent to a criminal background check and the release of information about my ability for employment by the county, by employers, schools, law enforcement agencies, other individuals, organizations authorized to investigate, personnel staff and other authorized employees for employment purposes. I understand that if I provide volunteer work with Highlands County that some potential employer may in the future contact the County concerning my record and performance at the County. I understand applications submitted for employment are public records. I understand that after offer of employment is made I will be required to undergo a physical examination, which may include a drug screening if relevant to the position applied for. I hereby consent to and authorize persons employed by the County to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or a potential employer of mine with respect to my record and performance at Highlands County.

Signature

Date

I AM AWARE that volunteering for Highlands County involves risk of personal injury, property damage, and other risks associated with volunteer service.

I RELEASE Highlands County from any and all liability for all loss, damages, and claims, (including attorney fees and costs), resulting from injury to the person listed below or to his or her property arising from the volunteering services.

I HEREBY HOLD HARMLESS Highlands County and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for Highlands County. These releases are effective for me, my personal representatives, assigns, and heirs.

I HEREBY confirm, represent and warrant that I have never been convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense of any kind or any other violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

FURTHERMORE, I agree to utilize my own vehicle for transportation to and from the County, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and anyone else in my vehicle. I agree not to provide transportation for any of the children that are attending any of the programs for which I volunteer. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.

I ASSUME FULL RESPONSIBILITY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering with Highlands County.

FURTHERMORE, I authorize Highlands County to use my name and give any organization involved with Highlands County permission to photograph me. I understand that Highlands County has permission to use my name, photographs/videotapes, likeness, image, voice and biography in all media, publications, advertising and for publicity purposes in connection with my participation with Highlands County Volunteer Program related activity or project unless written notice is received to the contrary.

I CERTIFY that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release Highlands County from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT.

VOLUNTEER NAME: _____

SIGNATURE: _____ **DATE:** _____

Adopted: