



Miami-Dade Park and Recreation Department
Volunteer Worker Approval Form

I request approval to volunteer my services at \_\_\_\_\_ a unit of Miami-Dade County Park & Recreation Department under the supervision of MDC Park & Recreation & Environmentally Endangered Lands Staff.

I understand that I am not an employee of Miami-Dade County and will not receive payment for my volunteer services. I understand that as a volunteer I am covered under the Worker Compensation Laws of the State of Florida as outlined in Section 440 of the Florida Statutes. I further agree to immediately notify my supervisor if I am injured in the performance of my volunteer duties. As a volunteer, I will be performing the following types of services for Miami Dade County:

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "lifeguarding" services or use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director.

By signing this request, I additionally certify that I am aware that the Miami Dade Park & Recreation Department will make the appropriate inquiries into my background as prescribed by Florida Statute 943.04351 (2004).

In exchange for Miami Dade County's consent to allow me to perform volunteer services, and to allow me to access to certain Dade County facilities for this purpose, and for other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby releases, indemnifies and saves harmless Miami Dade County and its Park & Recreation Department, its Department of Environmental Resources Management, its Environmentally Endangered Lands Program, its officers, agents and employees, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly, from the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto.

Name: \_\_\_\_\_ Email: \_\_\_\_\_
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
City, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If volunteer worker is less than 18 years old, complete the following:

Parent's Name: \_\_\_\_\_ Address: \_\_\_\_\_
Parent's Signature: \_\_\_\_\_

Human Resources & Division Head Approval

Request from Div / Loc : \_\_\_\_\_ / \_\_\_\_\_ Background Check & FDLE Website Search Completed by: \_\_\_\_\_
HR Initial

I approve the above-named individual to function as a volunteer for the Park & Recreation Department as outlined above. Authorization expires one (1) year from date of approval.

[Handwritten Signature]

9/11/2010

Division Authorization

Date