



Miami-Dade Park and Recreation Department

Volunteer Application

Please print clearly and return completed form to the facility where you would like to volunteer or any Miami-Dade park office.

Form with fields: Today's Date, Individual/Corporate checkboxes, Co. Name, SS#, Date of Birth, Male/Female checkboxes, Last Name, First Name, MI, Address, Apt #, City, State, Zip, Home Phone, Cell Phone, E-Mail, Are you 18 years of age or older?, Driver's License Number or ID Number.

Form with questions: Will you be volunteering more than three (3) times within the next six months?, When are you available to start as a volunteer?, Is this volunteer service required by a government agency or court order?, Are you fulfilling requirements for community service hours?

Have you ever been convicted of a felony? Yes No
If yes, please explain below. (Answering yes does not necessarily exclude you from being selected for volunteer service)

Please check below which areas are of interest to you?

Table with 4 columns: Education, Customer Relations, Administrative / Computer, Specialty / Miscellaneous. Includes checkboxes for Academic Tutoring, Hosting / Greeting, Office / Clerical Work, Dog Park / Maintenance, etc.

Please tell us how you found out about volunteering or the Adopt-A-Park Program with Miami Dade Park and Recreation?
Newspaper School Website Park Employee / Friend Other

I request approval to volunteer my services at:
Under the supervision of (park manager or designee):

USE OF SOCIAL SECURITY NUMBER

The Miami-Dade Park & Recreation Department (the "Department") collects your Social Security number for identification and verification, reconciliation, tracking, and record keeping purposes.

INDEMNIFICATION

I understand that I am not an employee of Miami-Dade County (the "County") and will not receive payment for my volunteer services. I understand that as a volunteer I am covered under the Workers' Compensation Laws of the State of Florida as outlined in Chapter 440 of the Florida Statutes.

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 "life guarding" services or use/handle pesticides, herbicides or other hazardous chemicals.

By signing this request, I additionally certify that I am aware that the Department will make the appropriate inquiries into my background as prescribed by Florida Statute 943.04351 (2004) and Chapter 26 of the Miami-Dade County Code.

In exchange for the opportunity to perform volunteer services for the County, and the County's permission to access certain 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 the County, its officers, officials, agents, employees, successors and assigns, 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.

If Volunteer is less than 18 years old, please complete the following:

Form for parent/guardian: Parent's Name & Address, Signature, Date, Applicant Signature, Date.

For Office Use Only: STV, LTV, CMV, DDL, Index Code, Preliminary Check, Prelim BG Approval, VECHS Check, VECHS Results Approval.