



LEE COUNTY PARKS & RECREATION VOLUNTEER STAFF APPLICATION 2009

Please complete this application to become a registered volunteer.
Volunteer Services: 3410 Palm Beach Blvd * Ft Myers, FL 33916
239-432-2159 office * 239-432-2030 fax.



Your Information	
Where would you like to Volunteer?	
Name:	Date:
Address:	
City, State Zip	
Home phone:	Cell phone:
Email address:	Birthdate:
Sex: <input type="checkbox"/> Male or <input type="checkbox"/> Female	Any Special Accommodations?
Education, volunteer and work experience:	
Emergency Contact info	
Emergency Contact Name:	
Home phone:	Cell phone:
Lee County requires that a background check on all adult applicants prior to volunteering	
Background checks are conducted to protect the public and all staff. Lee County reserves the right to not consider your application. Please provide the following information:	
Have you ever been convicted of any offense(s) other than minor traffic violations? Example: DUI, petty theft, underage drinking, trespassing, driving while suspended, etc <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If yes please explain:	
Lee County Staff Complete	
Location/Vol Supervisor:	Volunteer Job:

Thursday, September 18, 2008

PLEASE SIGN AND COMPLETE the Acknowledgement of Understanding and return it with your Registration Form to Volunteer Services.

Workers' Compensation for Volunteers

Lee County Parks and Recreation Volunteers are covered for medical benefits in case of accident or injury while volunteering under Lee County's Workers' Compensation Program. The insurance is a managed care coverage with *specific policies and procedures*. Please read the following procedures, and sign on the upper portion of this page to indicate that you understand the procedures. If you have questions please call Volunteer Services at 239-432-2159 or 239-707-0876 cell.

The Accident and Injury Procedures

In case of an accident or injury while volunteering. These procedures must be followed exactly as stated to ensure workers compensation. You should receive this information in your volunteer welcome packet.

1. For serious and/or life threatening injuries call EMS (911) or get to the nearest hospital.
2. For injuries that require medical treatment Monday through Friday, 7:30 AM to 4:30 PM, call the Occupational Health Nurse at 239-533-2067. The Nurse will refer the volunteer to the appropriate facility.
3. For injuries that require immediate medical treatment which occur after hours or on weekends, go to Lee Convenient Care at 4771 S Cleveland Ave, which is located just north of Page Field Common. Hours are 7am-7pm 7 days a week/closed Christmas. Phone 239-274-7100. If they are closed, go to the nearest hospital.
4. For minor injuries that occur after hours or on weekends, for which medical treatment is not necessary, call the Occupational Health Nurse 239-533-2067 as soon as possible to report the injury.
5. Volunteers who go to a hospital emergency room, please follow up with your job supervisor or Volunteer Services 239-432-2159 (239-707-0876 Cell) at your earliest opportunity. Your job supervisor will complete an Injury Report Form. If a volunteer seeks treatment through his/her own physician, benefits may not be paid.

Acknowledgement of Understanding of Workers' Compensation Procedures

A Parent or Guardian must sign if the volunteer is under 18 years of age.

I understand the policies and procedures for reporting and seeking medical treatment for on-the-job injuries and accidents while volunteering for Lee County Parks and Recreation. I understand that if I do not follow these procedures I may be denied certain benefits and/or may be personally liable for expenses incurred. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature.

Please Sign that you understand	
Signature:	Print name:
Parent Signature:	Date:





INFORMATION DISCLOSURE RELEASE (must complete for background check)



Name:	Social Security Number:
Address:	
City, State Zip:	
Birth Date:	Phone Number:
Driver's License Number:	State:
Other States in which you have had a driver's license in the past ten years:	

I UNDERSTAND pursuant to the requirements of the Fair Credit Reporting Act, a *consumer report* may be made in connection with my volunteer application. If I am denied the opportunity to volunteer, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to me of the name and address of the consumer-reporting agency making such a report. I will also receive a copy of the report and a statement of my consumer rights. I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report at the time of my application, or at anytime during my volunteer service with Lee County.

Note: The term "Consumer Report" means a report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature.

Please Sign that you understand	
Signature:	Date:





LEE COUNTY PARKS AND RECREATION PARTICIPANT WAIVER FORM



WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS AND RECREATION PROGRAMS/ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Park programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

I hereby grant permission for myself or my child to be photographed or recorded in connection with any Lee County Parks and Recreation Promotion. I understand that any photographs or other types of media production may be used for purposes, including but not limited to, public service announcements, department brochures, and other programs shown to the general public.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

I have read and fully understand the above important information , warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature.

Please Sign that you understand

Signature:	Print name:
Parent Signature:	Date:

Lee County Parks and Recreation Volunteer Services



Parental Permission Form

(For volunteers 16 - 17 years of age)

Name of Volunteer:	
Name of Parent/Guardian:	
Home Phone:	Cell Phone:

I agree to allow my minor child to participate in the Lee County Parks and Recreation Volunteer Program, and I will indemnify and hold harmless Lee County and any employee of Lee County against any and all claims arising from my child's use of premises, the conduct of my child or from any activity permitted in or about the premises, and will further indemnify and hold harmless the County, its employees, agents and licensees against performance on the child's part, and from and against all costs, attorney's fees, expenses and liabilities resulting from any claim or proceeding brought thereon, to the extent of the County's liability under general law.

The Lee County Parks and Recreation Department reserves the right to deny participation in any volunteer activity. The child will be expected to adhere to all Lee County Ordinances and Parks and Recreation policies. Failure of the child to follow the rules of their supervisors may result in the dismissal or suspension from the Volunteer Program. By signing this waiver, I am representing that I am possessed with the lawful authority to sign this waiver for the child to participate in the Lee County Parks and Recreation Volunteer Program, and that I hereby bind all parents and guardians of the child to the terms of the waiver. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature.

Please Sign that you understand

Signature:	Date:
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