

Volunteer Program Application



Please fill out the application in its entirety and sign the applicable pages.

Return to:
Volunteer Coordinator
Department of Human Resources
360 S. County Road
Palm Beach, FL 33480
hr@townofpalmbeach.com
561-838-5450 mainline
561-838-5451 fax



Town of Palm Beach

Volunteer Program

Date (s) Applying to Volunteer for:

- September, October, November December, January, February
 March, April, May June, July, August

Days and times you are available to volunteer:

(Please check all days and times that are convenient for you to volunteer. We understand that this may depend on the type of assignment and season.)

- No preference

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> mornings				
<input type="checkbox"/> afternoons				
<input type="checkbox"/> evenings				

Full Name: _____

Local (Palm Beach) Address: _____

Other Address: _____

Please indicate your preferred method to be contacted: _____

Home Phone	_____
Cell Phone	_____
Work Phone	_____
E-mail Address	_____

PLEASE TELL US SOMETHING ABOUT YOURSELF - EDUCATION, VOLUNTEER EXPERIENCE, COMMUNITY ACTIVITIES, ETC.

SPECIAL AREAS OF INTEREST/TALENTS:

WORK/PROFESSIONAL EXPERIENCE:

Please indicate any physical accommodation you require in order to participate in this volunteer for this program.

ACKNOWLEDGEMENT & RELEASES

I acknowledge it is my responsibility to comply with the guidelines and procedures of the Town of Palm Beach Volunteer Program.

I give consent to use any photograph taken or digital image captured of me during my participation in the program for future Town of Palm Beach brochures, website, or other promotional purposes.

In the event of any emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment for all medical services rendered.

Furthermore, I authorize the Town to contact the following individual(s) in the case of an emergency:

Emergency Contact Name

Phone Number

Volunteer Signature

Date

**ACKNOWLEDGEMENT AND AUTHORIZATION
FOR BACKGROUND CHECK**

As a condition of my application to serve as a volunteer with the Town of Palm Beach, I understand that the Town will conduct a criminal background check and driver's license record check. Applicants will be screened through FDLE, DCF, or VECHS. Those that work directly or indirectly with children will be fingerprinted at the Palm Beach Police Department.

By signing this Acknowledgement and Authorization, I hereby authorize and consent to the Town of Palm Beach and/or any other company authorized by the Town, to access such information, including my social security number, as may be necessary to complete a criminal background check and driver's license record check. I further consent to the collection, use, or release of my social security number by the Town of Palm Beach for the purposes listed in the Town of Palm Beach's "Statement on the Collection, Use, or Release of Social Security Numbers of Volunteers."

I release from liability all persons and entities supplying such information. I indemnify the Town of Palm Beach and/or other company authorized by the Town, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the reports.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

Please print/type in all sections:

Volunteer's Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Gender: _____ Race: _____ Drivers License Number and State: _____

Signature

Date

**Statement on the Collection, Use, or Release of
Social Security Numbers of Volunteers**

The Town of Palm Beach ("Town") is authorized to collect, use, or release social security numbers of individuals who volunteer for the Town for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers by the Town is either specifically authorized by law or imperative for the performance of the Town's duties and responsibilities as prescribed by law.

1. Registration information regarding sexual predators and sexual offenders [Authorized by Fla. Stat. § 943.04351 and required by Fla. Stat. § 119.071(5) (a) 2 & 6]
2. Criminal history, Level 1 and Level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement, if SSN is available [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
3. Tort claims and tort notices of claim against the Town [Required by Fla. Stat. § 768.28 (6) & Fla. Stat. § 119.071 (5) (a) 6]
4. Reporting to and reports of worker's compensation injury or death, including for DWC-1 [Required by Fla. Stat. § 440.185 and Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]
5. Worker's compensation petitions for benefits and responses thereto [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]
6. Use of motor vehicle information from the Department of Motor Vehicles for the Town to carry out its functions and to verify the accuracy of information submitted by agent or employee to the Town, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license [Authorized by federal law 18 U.S.C. 2721 et seq. and Fla. Stat. § 119.071 (5) (a) 6]
7. Identification of blood donors [Authorized by 42 U.S.C. 405(c)(2)(D)(i) and Fla. Stat. § 119.071(5) (a) 6]
8. Collection and/or disclosure are imperative or necessary for the performance of the Town's duties and responsibilities as prescribed by law [Authorized by Fla. Stat. § 119.071(5) (a) 6 and required by Fla. Stat. § 119.071(5) (a) 2]
9. The disclosure of the social security number is expressly required by federal or state law or a court order [Required by § 119.071(5) (a) 6]
10. The individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071 (5) (a) 6]

11. The disclosure of the social security number is made to prevent and combat terrorism to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Elective Order 13224 [Required by Fla. Stat. § 119.071 (5) (a) 6]
12. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721, et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of paragraph 5 in Fla. Stat. § 119.071 [Authorized by Fla. Stat. § 119.071 (5) (a) 6]
13. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State [Required by Fla. Stat. § 119.071(5) (a) 6]

I hereby acknowledge receipt of this "Statement on the Collection, Use, or Release of Social Security Numbers of Volunteers."

Print Name

Date

Signature

Date