

# Miami-Dade Parks, Recreation and Open Spaces 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.*

Today's Date:		Individual <input type="checkbox"/> Corporate <input type="checkbox"/> Co. Name:		
SS#:		Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name:		First Name:		MI:
Address:		Apt #:	City:	State: Zip:
Home Phone:	Cell Phone:	E-Mail:		
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		Driver's License Number or ID Number:		

Will you be volunteering more than three (3) times within the next six months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
When are you available to start as a volunteer?	
Is this volunteer service required by a government agency or court order? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you fulfilling requirements for community service hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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.**

Education	Customer Relations	Administrative / Computer	Specialty / Miscellaneous
<input type="checkbox"/> Academic Tutoring	<input type="checkbox"/> Hosting / Greeting	<input type="checkbox"/> Office / Clerical Work	<input type="checkbox"/> Dog Park / Maintenance
<input type="checkbox"/> Sports Development	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Research	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Teaching Arts / Other _____	<input type="checkbox"/> Special Event(s) _____	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Animal Husbandry
<input type="checkbox"/> Naturalist / Nature Camp	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Golf Course / Ranger Starter

Please tell us how you found out about volunteering or the Adopt-A-Park Program with Miami Dade Park and Recreation?				
<input type="checkbox"/> Newspaper	<input type="checkbox"/> School	<input type="checkbox"/> Website	<input type="checkbox"/> Park Employee / Friend	Other: _____

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

### USE OF SOCIAL SECURITY NUMBER

The Miami-Dade Parks, Recreation and Open Spaces Department (the "Department") collects your Social Security number for identification and verification, reconciliation, tracking, and record keeping purposes. Social Security numbers are also used as a unique numeric identifier and may be used for internal search 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 agree to immediately notify my supervisor if I am injured in the performance of my volunteer duties.

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. 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 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. I declare that all the information provided on this application is true, and I understand that any falsification or misrepresentation may result in my termination from the County's volunteer program.

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

Applicant Signature	Date	Parent's Name & Address:
		Signature: Date:

For Office Use Only					
LTV	ST	CMV	ASV	INV	<input type="checkbox"/> V INFORMS:
Preliminary Check: Yes <input type="checkbox"/> No <input type="checkbox"/>			Prelim BG Approval:		
VECHS Check: Yes <input type="checkbox"/> No <input type="checkbox"/>			VECHS Results Approval:		

## **Affidavit of Volunteer Service**

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 agree to immediately notify the service site supervisor if I am injured in the performance of my volunteer duties.

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. 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 Department will make the appropriate inquiries into my background as prescribed by Florida Statute 943.04351 (2004) and Chapter 26, Section 39 of the Miami-Dade County Code. If violations are found, I agree that I shall be prohibited from performing volunteer services on park property owned or operated by Miami Dade County in accordance with Chapter 26, Park and Recreation Department Rules and Regulations, Section 38, Background Checks Required for Child Event Workers, Park Vendors, and Programming Partners of Community Based Organization (CBO) Employees and Volunteers.

I further agree to report any arrest within forty-eight (48) hours of such arrest.

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. I declare that all the information provided on the Volunteer application is true, and I understand that any falsification or misrepresentation may result in my exclusion from the County's volunteer program.

Volunteer Printed Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**HUMAN RESOURCES  
FINGERPRINT AND I.D. INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (State or Country): \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Race which you would be identified (**Please check one**):

☐ White ☐ Black ☐ Asian ☐ Other

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_ Classification: \_\_\_\_\_

**To be completed by the Department Personnel Representative Only.**

Job Opening # \_\_\_\_\_ Index Code: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Miami-Dade County**  
**Information Technology Department**  
**Non-Disclosure Affidavit**

I hereby acknowledge that all information technology resources in Miami-Dade County's possession may constitute or contain information or materials which the County has agreed to protect as proprietary from disclosure or unauthorized use and may also constitute or contain information or materials which Miami-Dade County has developed at its own expense, the disclosure of which could harm Miami-Dade County's proprietary interests therein.

I agree:

1. That I will not use directly or indirectly for myself or for others, publish or disclose to any third party, or remove from County property, any computer programs, data, compilations, other software or information technology system which Miami-Dade County has developed, has used or is using, is holding for use, or which are otherwise in the possession of Miami-Dade County, except as authorized by the County;
2. That I will not use directly for myself or for others, or publish or disclose to any third party, or remove from County property, any plans, specifications, diagrams or other data related to the design or operation of any information technology system or services which Miami-Dade County has developed, has used or is using, is holding, or which is otherwise in the possession of Miami-Dade County, except as authorized by the County.
3. That I will not make use of any computer software, hardware, or data or any other County resources, for the benefit of myself or any third party, and will not make a profit from their use by myself or any third party.
4. That I will not access data, software or any other resources not authorized to me to view, or to copy, and I will not intentionally destroy said data, software or resources. That I will maintain confidentiality of any data as required by law.
5. That upon termination of my employment with Miami-Dade County, I will promptly deliver to the County any and all memoranda, notes, records, plots, sketches, plans reports, letter and all other materials and copies thereof relating to such information technology systems or services which are in my possession or under my control.
6. That I will report to my County supervisor any information I discover or which is disclosed to me which relates or may relate to the unauthorized use, publication, disclosure or removal from County property of software or computer hardware design data or any other information technology resources and I will take such steps as are within my authority to prevent such unauthorized use, publication, disclosure, or removal.

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Volunteer Signature

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Date

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(Type or Print Name)