VOLUNTEER APPLICATION

Volunteer Program of the City of Hollywood

APPLICANT INFORMATION

Title: **Last**: **First**: **Middle**: **Nickname**:

Address:	**Apt #**:

City:	**State**:	**ZIP Code**:

Phone Numbers:	**Home**:	**Work**:	**Cell**:
	Other:	**Fax**:	**Pager**:

How did you hear about the Volunteer Program?

£ Friend/ Relative	£ TV/ Radio	£ School	£ Newsletter
£ Internet/Other Websites	£ City of Hollywood's Website	£ Newspaper	£ Other:

Why are you volunteering?

£ School requirement	£ Work/program requirement	£ Fun/Leisure	£ Court-ordered

Date of birth: Month _____ Date _____ Year _____

Primary Email

Secondary Email

OPTIONAL INFORMATION

The following information is requested on a voluntary basis. We need the information for statistical reporting purposes ONLY.

Gender: £ Male £ Female **Marital Status**: £ Single £ Married £ Divorce £ Widow £ Separated

What is your race? £ Caucasian £ Black £ Asian £ Hispanic/Latino £ Multiracial £ Other:

If applicable, what is your highest education level? £ GED £ High school graduate £ Technical training £ College graduate

EMERGENCY & MEDICAL INFORMATION

Please provide two emergency contacts.

Relationship	*Last Name*	*First Name*	*Primary Phone*	*Secondary Phone*

List any medical or physical limitation(s) or impairment(s) that may limit your participation in volunteer activities.

INTERESTS & SKILLS

What are your interests? Check all that apply.

£ Special Events	£ Painting projects	£ Clean-ups	£ Sorting/organizing projects
£ Children	£ Elderly/seniors	£ Recreational/athletics	£ Outdoor activities
£ Disaster relief	£ Environmental	£ Clerical/administrative	£ Mentoring/tutoring
£ Family volunteering	£ Adult education	£ Homelessness	£ Landscaping projects
£ AIDS/HIV	£ People with disabilities	£ Animals	£ Indoor activities

What are you skills? Check all that apply.

£ Spanish	£ Haitian Creole	£ American Sign Language	£ Tutoring
£ Computer	£ CPR	£ Pressure cleaning	£ Drawing murals/artistic

What City of Hollywood's department(s) or office(s) would you like to volunteer for?

OFFICE USE – VOLUNTEER COORDINATOR USE ONLY

Entered:	Interviewed:	Letter Sent:	Referral Sent:

EMPLOYMENT/SCHOOL INFORMATION

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What is your status?	£ In School	£ Employed	£ Self-employed	£ Not employed	£ Retired
If you are in school, please check one.	£ Middle school	£ High school	£ College	£ Other:	

Employer/School name:	**Position Title:**
Employer/School address:	

City:	**State**:	**ZIP Code**:

VOLUNTEER INFORMATION

Number of hours to be completed?	**Deadline date to complete hours?**

What days are you available to volunteer?

£ Weekday Mornings	£ Weekday Afternoons	£ Weekday Evenings
£ Saturdays	£ Sundays	£ Other:

RELEASE & INDEMNIFICATION AGREEMENT

In consideration of the opportunity afforded me to participate as a volunteer, I do hereby knowingly, freely and voluntarily release, waive, discharge, indemnify and hold harmless the CITY OF HOLLYWOOD, its officers, employees, agents and volunteers from any and all liability, losses, expenses, damages, claims, causes of action or judgments, including without limitation a fees t and court costs, which may be sustained by me and/or my family directly or indirectly in connection with, or which may arise out of, my participation as a volunteer, whether caused in whole or in part by the negligence of the CITY OF HOLLYWOOD, its officers, employees, agents, volunteers or otherwise. I further agree not to represent myself as an officer, agent or employee of the CITY OF HOLLYWOOD and acknowledge that I am participating as a volunteer for the City on my own time and outside the scope of my employment, and that I am not entitled to any City stipend or fringe benefit. I further agree that any vehicle that I drive to, from or during a volunteer activity is not property of or an instrumentality of the City but rather my own property. I acknowledge that the City will not be responsible or liable for any personal injury or property damage caused in whole or in part by my personal vehicle.

I have read this Release & Indemnification Agreement and fully understand its terms. I further understand that I have given up substantial rights by signing this form and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of, and indemnification from, any and all liability to the greatest extent permitted by law and agree that if any portion of this Release & Indemnification Agreement is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

VOLUNTEER AGREEMENT

I understand that I am offering my services to the City of Hollywood without compensation. Once I become a City of Hollywood volunteer, I agree to abide by all rules, regulations and policies, either published or in effect by usage, and all rules, regulations and laws of the City and of the State of Florida.

My signature below certifies that I understand and agree to the Release & Indemnification and Volunteer Agreement.

Signature of Applicant:	Date:

PARENTAL CONSENT

If the applicant is under 18, parental consent (or the consent of the applicant's legal guardian) to the applicant's participation in volunteer service is required below. As parent (or legal guardian), please sign below indicating your consent. By signing below as parent (or legal guardian), you will also agree to each and every term and condition contained in the Release & Indemnification Agreement set forth above.

I here by give my consent for my child (or the ch ild under my legal guardianship) to participate in the volunteer activity described below. I understand that this volunteer activity is included in the C approved list of volunteer sites. I acknowledge that my child (or the child under my legal guardianship) is not entitled to any City compensation or fringe benefit for this activity.

Name of Parent or Legal Guardian:		Date:
Signature of Parent or Legal Guardian:		

You can mail or drop off application to City of Hollywood 2600 Hollywood Boulevard Hollywood, FL 33020.