



# Volunteer Application



Volunteer Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

### Emergency Contact who can authorize medical treatment

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

### Local Emergency Contact ( Check here if same as above)

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

### Additional Information

Do you wear glasses or contacts?  Yes  No Do you smoke?  Yes  No

Do you regularly take any medication?  Yes  No If yes, what? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you have any other special conditions? \_\_\_\_\_

**NOTE: By volunteering you are giving consent to allow the City of Tampa, its officers, employees, and agents, to use any still image(s) or video of you in any publication or broadcast medium.**

I, \_\_\_\_\_, do hereby give my consent to the City of Tampa Parks and Recreation Department, to secure and authorize such emergency medical treatment as I might require while performing volunteer services. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. NOTE: Every effort will be made to notify the emergency contact in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Volunteer \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years old)

# AGREEMENT TO VOLUNTEER AND ACCEPT WORKER'S COMPENSATION BENEFITS

Florida Statute 125.9404(5) provides Worker's Compensation for volunteers serving in specific capacities on behalf of the City of Tampa Department of Parks and Recreation. Volunteers who qualify must complete this "Agreement to Volunteer and Accept Workers Compensation Benefits Form" prior to placement.

The City of Tampa Parks and Recreation Department and the volunteer listed below agree to the following regarding volunteering and acceptance of Worker's Compensation coverage:

1. Volunteer agrees to perform volunteer services as directed by the City of Tampa Parks and Recreation Department and to follow department policies and procedures.
2. Volunteer accepts the coverage of the Worker's Compensation as the sole remedy for any damages he/she suffers from any and all services performed for the City of Tampa Parks and Recreation Department and agrees not to seek any damages not covered by the Worker's Compensation Act, in exchange for being provided this coverage.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Volunteer (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

## CONFIDENTIALITY STATEMENT

I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations. All data, materials, knowledge and information generated through, originating from, or having to do with the City or persons associated with our activities, is to be considered privileged and confidential and is not to be disclosed to any third party. I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services.

I understand that failure to comply with this confidentiality statement will result in immediate termination of my volunteer appointment.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Volunteer (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER RELEASE AND WAIVER OF LIABILITY AUTHORIZATION

The consideration for this Authorization, Release and Waiver of Liability and Indemnity Agreement (hereinafter referred to as the "Agreement") is the participating in volunteer services, which I agree is a service to the community and the City's waiver of any requirement that the I carry self-funded liability insurance prior to being allowed to engage in volunteer service. I acknowledge that absent the execution of this Agreement, the City would not have offered me the ability to engage in volunteer service, because of unacceptable exposure to liability claims.

I hereby agree, personally and/or on behalf of myself that participates in volunteer service is only granted by the City because of its understanding that in the event of injury to me, or damage of loss or property, that any insurance policy held by me, which covers such injury or loss shall be the primary source of any recovery.

I, personally and on behalf of my heirs, personal representatives, executors and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the City of Tampa, its officers, employees, and agents, individually or in an official capacity for the City (also referred to as "Releasee") from all liabilities, claims, demands, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the activity, including, travel to or from the activity, for bodily injury, death or property damage suffered by me before, during, or after volunteer service. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any release or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of Releasee or otherwise while engaged in or as a result of the activity. I expressly acknowledge and agree that the activity may involve the risk of injury or property damage.

I shall defend (if directed by the City), hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me to participate in volunteer service, even if allowing me to participate in volunteer service is later found to be wrongful or negligent.

I further expressly agree that the foregoing release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY CERTIFY THAT I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Volunteer (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_