

SANTA ROSA COUNTY VOLUNTEER APPLICATION

6495 Caroline Street, Suite H
Milton, Florida 32570

EQUAL OPPORTUNITY EMPLOYER

Santa Rosa County is an Equal Opportunity Employer and does not discriminate on the basis of Race, Color, Religion, Gender, National Origin, Disability, or Age.

Santa Rosa County collects your Social Security Number for the following purposes: To initiate and process volunteer applicant background checks to include educational institutions, government agencies, companies, corporations and for Drug Screening Identification.

PERSONAL INFORMATION

Name _____			Social Security Number _____			Date of Birth _____		
Mailing Address _____								
County _____			State _____			Zip Code _____		
Home Phone _____				Work Phone _____				
In case of emergency, contact: _____								
Name _____			Phone _____					
Driver License Number _____								

CITIZENSHIP

Are you a U.S. citizen or are you legally authorized to work in the U.S.? () Yes () No
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EDUCATION

HIGH SCHOOL						
Name/Address of School _____					Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None	
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL						
Name/Address of School	Dates of Attendance (Month/Year)		Credit Hours Earned		Major Courses	Type of Degree Earned
	From	To	Sem.	Qtr.		

BACKGROUND INFORMATION

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? () Yes () No

NOTE: A "Yes" answer to the above will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

If "Yes", what charges? _____

Where _____ Date _____

WORK EXPERIENCE

Name of Present Employer: _____ Address: _____
County: _____ State: _____ Phone: _____ Supervisor's Name: _____

Job Title: _____ From (month/year) _____ To (month/year) _____ Hrs. Per Week _____
Reason for Leaving: _____ Specific duties and tasks performed: _____

WORK EXPERIENCE

Name of Present Employer: _____ Address: _____
County: _____ State: _____ Phone: _____ Supervisor's Name: _____

Job Title: _____ From (month/year) _____ To (month/year) _____ Hrs. Per Week _____
Reason for Leaving: _____ Specific duties and tasks performed: _____

Are you presently employed with Santa Rosa County? () Yes () No

APPLICANT'S STATEMENT

I hereby certify that all statements made in this application are true and complete. Further, I understand that misrepresentation or omission of information by me shall serve as a basis for termination with Santa Rosa County. Permission is granted to Santa Rosa County to investigate and verify any information provided on this and successive documents completed for purposes of consideration. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I consent to a criminal background check and the release of information about my ability for employment by the county, by employers, schools, law enforcement agencies, other individuals, organizations authorized to investigate, personnel staff and other authorized employees for employment purposes. I understand that if I provide volunteer work with Santa Rosa County that some potential employer may in the future contact the County concerning my record and performance at the County. I understand applications submitted for employment are public records. I understand that after offer of employment is made I will be required to undergo a physical examination, which may include a drug screening if relevant to the position applied for. I hereby consent to and authorize persons employed by the County to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or a potential employer of mine with respect to my record and performance at Santa Rosa County.

Signature

Date

I AM AWARE that volunteering for Santa Rosa County involves risk of personal injury, property damage, and other risks associated with volunteer service.

I RELEASE Santa Rosa County from any and all liability for all loss, damages, and claims, (including attorney fees and costs), resulting from injury to the person listed below or to his or her property arising from the volunteering services.

I HEREBY HOLD HARMLESS Santa Rosa County and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for the Santa Rosa County. These releases are effective for me, my personal representatives, assigns, and heirs.

I HEREBY confirm, represent and warrant that I have never been convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense of any kind or any other violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

FURTHERMORE, I agree to utilize my own vehicle for transportation to and from the County, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and anyone else in my vehicle. I agree not to provide transportation for any of the children that are attending any of the programs for which I volunteer. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.

I ASSUME FULL RESPONSIBILITY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering with Santa Rosa County.

FURTHERMORE, I authorize Santa Rosa County to use my name and give any organization involved with Santa Rosa County permission to photograph me. I understand that Santa Rosa County has permission to use my name, photographs/videotapes, likeness, image, voice and biography in all media, publications, advertising and for publicity purposes in connection with my participation with Santa Rosa County Volunteer Program related activity or project unless written notice is received to the contrary.

I CERTIFY that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release Santa Rosa County from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT.

VOLUNTEER NAME: _____

SIGNATURE: _____ **DATE:** _____

DISCLOSURE STATEMENT

PURSUANT TO FAIR CREDIT REPORTING ACT (FCRA)

By this document Santa Rosa County Human Resources discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or volunteer, or any time during your employment or volunteer (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, volunteer, promotion, reassignment, or retention as an employee, or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C. § 1681 et seq.

AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

I HEREBY authorize Santa Rosa County Human Resources or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or volunteer, or any time during my employment or volunteer, which shall be used solely for the purpose of evaluating me for employment, volunteer, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment or volunteer.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to Santa Rosa County Human Resources, I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to Santa Rosa County Human Resources, a copy of this Authorization will be provided to me.

_____ Date: _____ Time: _____
Print Name:

Signature: _____

CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS ONLY:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report concerning me that is requested.