

Palm Bay Volunteer Service Corps (PBVSC)

Application Form

Name: _____
Last First Middle

Other names known by: _____

Address: _____
Street name & number City State/Zip

Previous residence(s) if at current address less than 7 years: _____

Day Phone: _____ Other/Cell Phone: _____

E-mail Address: _____

Birthday: _____ Are you under 18? () yes () no
Month/Day Only

Emergency contact: _____
Name Phone number

Is there a specific volunteer opportunity you are interested in? _____

Days and hours available per week:
Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____ Sun. _____

What length of time are you available (1 month, 6 months, indefinite)? _____

List relevant work or volunteer experience: _____

Education: _____

Skills: _____

Interests/hobbies: _____

Are you interested in helping with special events: _____

Law Violation Record:

Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense? () yes () no. If yes, provide details (offense, date, place, and disposition) below or on a separate sheet of paper. **Note: A 'yes' answer to this question will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the volunteer job will be considered.**

Read this section carefully before you sign the application below.

I certify that each answer to the questions in this application and all other information provided by me are true and correct to the best of my knowledge. I understand that any misrepresentations of facts shall be considered basis for rejection of my volunteer application or discharge if accepted. I authorize the City of Palm Bay to verify information in this application and to contact the listed references. I understand that a background screening will be conducted as it applies to the volunteer assignment in which I have expressed an interest and I give my consent to the same.

I agree to abide by and comply with all rules, regulations, policies and practices of the City of Palm Bay Government and with all procedures established for PBVSC volunteers.

Signature: _____ Date: _____



Palm Bay Volunteer Service Corps (PBVSC) Liability Waiver

By signing this volunteer waiver, I agree to the following:

1. I release, waive, discharge, and covenant on behalf of myself and my minor (under age 18) children not to sue the City of Palm Bay ("City"), their elected and appointed officials, agents, volunteers, and employees ("Releases") from all liability to me, or my minor children, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor children's death, whether caused by Releases' negligence or otherwise, while I, and my minor children, participate in the Palm Bay Volunteer Service Corps.
2. I further agree to defend, indemnify, and hold harmless the City and its officers, employees and agents, from and against any and all claims, suits, actions, liability judgment and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way therewith. I will pay all costs incident to any claim, including, without limitation, attorneys' fees.
3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I grant permission for the City to use my, or my minor children's image, filmed or photographed during volunteer activities, to promote its services and programs.
5. In case of serious injury, I give my permission for City personnel to seek any medical treatment should it become necessary.

I have read and voluntarily sign this release, waiver of liability, and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Name: _____

Address: _____

Phone & Cell: _____

Main Contact Email Address: _____

If signing on behalf of a minor (under age 18):

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Signature: _____ Date: _____