



Satellite Beach Volunteer Involvement Program (SBVIP)

All Volunteers must complete this form prior to volunteering with any City program or event.

Volunteer Application Form							
Name				Date of Birth			
Volunteer's Address							
E-mail				Phone #			
Emergency Contact							
Relationship				Phone #			
What types of volunteer opportunities are you interested in? (Check all that apply)							
<input type="checkbox"/>	Youth Development (Tutoring, Camps, Program Assistance)		<input type="checkbox"/>	Environmental Opportunities (Beach/park Clean-ups, Invasive Plant Removal, Cigarette Clean-up)		<input type="checkbox"/>	Gardening Opportunities (Community Garden, Garden Share, Kids Dig Gardening, Native Planting)
<input type="checkbox"/>	Special Events (Festivals, Movie Nights, Holiday Events)		<input type="checkbox"/>	Administrative Opportunities (Filing, Organizing, etc.)		<input type="checkbox"/>	Other (please specify)
If you have a specific volunteer opportunity in mind, please list it here.							
When are you available? (Check all that apply)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
How often would you like to volunteer?							
<input type="checkbox"/> Two or more times per week			<input type="checkbox"/> Once every two weeks			<input type="checkbox"/> Once a week	
<input type="checkbox"/> Once a month			<input type="checkbox"/> Periodically as needed				
List relevant work or volunteer experience:							
Interests/Hobbies:							
Skills:							
<p>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</p> <p>If yes, provide details (offense, date, place, and disposition) below or on a separate sheet of paper.</p> <p>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.</p>							
Read this section carefully before you sign the application below.							
<p>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 Satellite Beach 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.</p> <p>I agree to abide by and comply with all rules, regulations, policies, and practices of the City of Satellite Beach Government and with all procedures established for SBVIP volunteers.</p>							
Signature				Date			



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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) child not to sue the City of Satellite Beach ("City"), their elected and appointed officials, agents, volunteers, and employees ("Releases") from all liability to me or my minor child, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor child's death, whether caused by Releases' negligence or otherwise, while I and my minor child participate in the Satellite Beach Volunteer Involvement Program.
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 child, provide as a volunteer or that are connected in any way therewith. I will pay all costs incident to any claim, including, without limitation, attorney's fees.
3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as 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 child'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 (Printed):			
Address:			
Phone Number:		Cell Number:	
Main Contact Email Address:			
Signature:		Date:	

Complete and return to: 1089 South Patrick Dr., SB, FL 32937 or Apaz@satellitebeach.org

Management Use Only				
Volunteer Type	<input type="checkbox"/> Minor	<input type="checkbox"/> Adult	<input type="checkbox"/> Group	<input type="checkbox"/> Special Case
	<input type="checkbox"/> Regular Service	<input type="checkbox"/> List:	<input type="checkbox"/> Periodic	
Background Check	<input type="checkbox"/> Full	<input type="checkbox"/> Reduced	<input type="checkbox"/> None	
Volunteer Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Coordinator Signature				