

VOLUNTEER APPLICATION

155 F Road, Loxahatchee Groves, FL 33470

561-793-2418

		Date:
First Name:	Middle Name:	Last Name:
Email Address:		
Home Address: _____ City: _____		
State: _____ Zip Code: _____		
Home Phone:		Cell Phone:
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education (Please check)		
<input type="checkbox"/> High School/GED <input type="checkbox"/> Associates Degree		
<input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate/Post-Graduate Degree		
<input type="checkbox"/> Other _____		
Days/Times you are available to volunteer:		
Monday: _____ AM/PM until _____ AM/PM		Saturday: _____ AM/PM until _____ AM/PM
Tuesday: _____ AM/PM until _____ AM/PM		Sunday: _____ AM/PM until _____ AM/PM
Wednesday: _____ AM/PM until _____ AM/PM		
Thursday: _____ AM/PM until _____ AM/PM		
Friday: _____ AM/PM until _____ AM/PM		
<u>Please place a check mark by all activities of interest:</u>		
<input type="checkbox"/> Cleaning up debris / garbage in public park or natural area		
<input type="checkbox"/> Data Entry		
<input type="checkbox"/> Disaster Clean up		
<input type="checkbox"/> Filing		
<input type="checkbox"/> Reception / Telephone Assistance		
<input type="checkbox"/> Special Event		
<input type="checkbox"/> Town Beautification (planting trees, external painting of buildings, minor landscaping)		
<u>Briefly describe relevant work and/or volunteer experience:</u>		

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Emergency Contact	
Name _____	Phone _____
IF UNDER 18 Adult References (other than relatives)	
Name _____	Phone _____
Name _____	Phone _____
Background Information	
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No *Note: conviction may not disqualify you from some volunteer services depending on the nature of the duties and the actions underlying the conviction.	
If yes, provide the following for each offense (attach additional pages as necessary): Date of offense: _____ Charge: _____ Location of Offense and Court: _____ Outcome of conviction _____	
Are you seeking volunteer hours that are court ordered or required by probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby certify that the answers given to the foregoing questions and statements are true. I understand that any misrepresentation or omission of facts will be cause for dismissal or may

disqualify me from consideration. Further, I understand and agree that any volunteer service is for no definite period and may be terminated without previous notice or cause.

APPLICANT'S SIGNATURE:

If under 18 years of age:

PARENT OR LEGAL GUARDIAN PRINT FIRST AND LAST NAME:

PARENT OR LEGAL GUARDIAN SIGNATURE:

DATE

**PARENT/GUARDIAN'S WRITTEN CONSENT TO
PARTICIPATE IN VOLUNTEER PROGRAM**

I hereby consent to and give permission to my child/ward, _____, to participate as a Volunteer at the Town of Loxahatchee Groves. I understand that my child/ward will be placed under the supervision of a Town employee and may be provided up to **20** volunteer hours per week but is not guaranteed any volunteer hours. My child/ward **will not** be paid any compensation by the Town and is volunteering his/her time for civic and public purposes. My child/ward is responsible for complying with all practices and policies required by the Town.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Town of Loxahatchee Groves
155 F Road, Loxahatchee Groves, FL 33470
561-793-2418

Volunteer Background Screen Consent & Release Form

Applicant's Name (printed):_____

Social Security Number:_____ Date of Birth:_____

Applicant's Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Email Address:_____

I, _____, authorize and give consent for the above-named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Current and previous addresses
- Reference checks

I, _____, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:_____ Date:_____

Signature:_____

Parent/Guardian Signature:_____ Date:_____
(For applicants under the age of 18)

Confidential Release of Social Security Number and Statement of Purpose

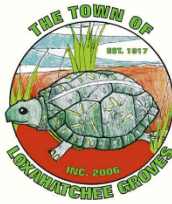
Pursuant to Section 119.071 (5), Florida Statutes, social security numbers collected by the Town of Loxahatchee Groves are confidential and exempt. The requirement to request the social security number must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record. The requirement for your social security number is mandatory.

Name: _____

Social Security No.: _____

Section 119.071 (5), Florida Statutes, gives authority for the Town of Loxahatchee Groves to collect social security numbers if it is stated in writing the purpose for its collection and is specifically authorized by law to do so or it is imperative for the performance of the Town's duties and responsibilities as prescribed by law. There are many individuals with the same name; therefore, without this identifying social security number, it would be difficult, if not impossible, to be reasonably sure that the correct individual(s) are identified and to verify they meet the requirements of the statutes. The Town of Loxahatchee Groves requires the release of your social security number for one (1) or more of the following purposes or reasons:

- to perform background investigation checks for volunteer service;
- to enroll in specific training courses and classes that require a social security number;
- to provide F.S. required information for Police/Fire/EMS purposes; or
- for reporting necessary to administer workers' compensation claims,



VOLUNTEER SERVICES RELEASE AND ACKNOWLEDGMENT

I, _____, the undersigned, do hereby acknowledge and agree as follows:

In consideration for being permitted by the Town of Loxahatchee Groves ("TOWN") to perform tasks for and on behalf of TOWN in a volunteer capacity, I hereby agree to the following:

1. That the hours of service provided to TOWN are provided by me with no promise, expectation, or receipt of compensation for the services rendered;
2. That I **will not** be paid any compensation for the hours of service provided;
3. That I **am not** entitled to any benefits based upon the hours of service provided;
4. That I am not entitled to a job at the conclusion of my volunteer service;
5. That my services are offered freely and without pressure or coercion, direct or implied, from TOWN;
6. That I am not employed by TOWN;
7. That to the extent my actions are not covered by Florida Statute Section 768.1355 (Florida Volunteer Protection Act), I indemnify and hold harmless TOWN, its agents, officers, insurers, and employees ("released parties") from and against any and all claims, suits, actions, damages and/or causes of action arising while performing these services for and on behalf of TOWN, and from and against any order, judgments, and/or decrees which may be entered thereon, and from and against all costs, attorneys' fees, expenses and liabilities incurred in and about the defense of any such claim. I also agree that in the event that TOWN is made a party to any litigation commenced against me or by me against any third party, I agree to protect and hold TOWN harmless and pay all costs and attorney fees incurred by TOWN in connection with such litigation and for any appeals thereof;
8. That I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the TOWN, its officers, directors, council members, employees, agents, representatives, successors and assigns, herein known as the "released parties", of and from all liabilities, any and all claims, demands, actions, damages, causes of action, suits in equity of whatever kind or nature, costs or expenses of any nature, arising out of or in any way connected with my participation as a volunteer. I understand that this release includes any and all claims based on the negligence, actions or inactions of any of the released parties and property damage, whether suffered by me, my child or ward, before, during, or after such participation; and
9. That I assume full responsibility for any property damage due to the negligence of the released parties or otherwise before, during, or after my participation as a volunteer; and further authorize medical treatment for myself at my cost, if the need

arises.

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

I agree that this Release and Acknowledgement, including the release, waiver, and indemnification provisions, is intended to be as broad and inclusive as permitted by the Laws of the State of Florida and that if any portion of this Release and Acknowledgment is held invalid, I agree that the remaining provisions shall continue in full force and effect.

This Release and Acknowledgment contains the entire agreement between me and TOWN and the terms of this Release and Acknowledgement are contractual and not a mere recital.

EXECUTED THIS _____ Day _____, 20_____

Volunteer Signature

Volunteer Printed Name

Parents / Guardian Signature
(if Volunteer under 18)

Volunteer Date of Birth

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580

<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
4. Creditors Subject to the Surface Transportation Board	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
5. Creditors Subject to the Packers and Stockyards Act, 1921	<p>Nearest Packers and Stockyards Administration area supervisor</p>
6. Small Business Investment Companies	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
7. Brokers and Dealers	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>