



VOLUNTEER APPLICATION

Basic Information

Name: _____

(Print) Last Name

First Name

Middle Name

Address: _____

Number

Street

City

Zip Code

Date of Birth: ____/____/____ E-mail Address: _____

Home Phone Number: _____ Cell Phone : _____

Do you possess a valid Florida Driver's License? Yes _____ No _____

License # _____ Expiration Date: _____

Experience/Skill/Availability

List any languages, other than English, which you speak fluently:

List any special skills or training that you have that may be useful to the City of Oviedo:

Volunteer Experience:

Days available for volunteer work: Su M T W Th F Sa

Preferred hours during day: _____ to _____

Which activities/departments would you like to volunteer in? (Check all that apply)

Administration/Operations Police Fire Recreation & Parks Clerical Work Other:

Are you seeking to volunteer with the City of Oviedo as a volunteer affiliated with another organization?

Yes _____ No _____ Name Organization (if applicable) _____

Have you used any illegal controlled substance in the last year? Yes _____ No _____

If yes, please specify:

Have you ever been convicted; pleaded guilty; or pleaded nolo contendere to any criminal offense?

Yes _____ No _____

If yes, please specify (including date):

Educational/Employment Background

High School Diploma/GED: Yes _____ No _____

College _____ Degree (if applicable) _____

Work Experience (most recent first):

(1) EMPLOYER: _____ DATES EMPLOYED: _____ to _____

ADDRESS: _____

NAME OF SUPERVISOR: _____ PHONE: _____

BRIEF DESCRIPTION OF DUTIES: _____

(2) EMPLOYER: _____ DATES EMPLOYED: _____ to _____

ADDRESS: _____

NAME OF SUPERVISOR: _____ PHONE: _____

BRIEF DESCRIPTION OF DUTIES: _____

References/Emergency Contact

Please give the name of two references, other than relatives:

	NAME	PHONE NUMBER	RELATIONSHIP
1.			
2.			

In case of an emergency, please contact:

Name _____ Phone Number _____

Relationship to Volunteer _____

RELEASE AND WAIVER

As an applicant for a volunteer position with the City of Oviedo, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that may be available concerning me, including information of a confidential or privileged nature.

I hereby release you, the City of Oviedo and others from liability or damage which may result from furnishing the information requested.

I understand that for security reasons a basic background check may be conducted to determine my eligibility. I may also be required to supply my social security number, be finger printed or submit to a drug screening. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

As a volunteer for the City of Oviedo, I understand that I can be dismissed without cause and without notice, and that I am not eligible for compensation or benefits for services rendered.

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In consideration of the permission granted me by the City of Oviedo, to participate as a volunteer to and within the City and any and all activities or events related to this volunteer assignment, I the Undersigned for myself, my heirs, assigns and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE CITY OF OVIEDO AND ITS AGENTS, OFFICERS AND EMPLOYEES from all liability to the Undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of action of any kind (inclusive of claims for personal injuries and property damage), damages, losses and liabilities, costs, expenses and unknown, foreseen and unforeseen damages and consequences thereof, caused by or arising out of my participation in any volunteer assignment, except any workers' compensation benefits to which the volunteer may be entitled to under Florida Workers' Compensation law.

I certify and warrant that I am in good physical condition and am able to participate as a volunteer in the agreed upon volunteer assignment and any and all activities or events related to this volunteer assignment, and do agree to do so at my own risk.

I expressly agree and acknowledge that my participation in any above referenced activity or event is as a volunteer and not as an employee of the City of Oviedo and that I understand and agree that I shall not accrue nor shall I be entitled to any City employee benefits, wages or other incidents of employment by virtue of this agreement.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This Release and Waiver contains the entire agreement between the Undersigned and the City of Oviedo and the terms of this Release and Waiver are contractual and not a mere recital.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full force and effect.

In Witness Whereof, I have executed with Release and Waiver on _____ of _____, 20_____.

BY: _____

(Participant- print name)

(Participant- signature)

CITY OF OVIEDO
DRUG-FREE WORKPLACE PROGRAM

The following is a list of all drugs for which the City of Oviedo will test the volunteer, if tested:

Alcohol	Amphetamines	Cannabinoids	Cocaine
Phencyclidine	Methaqualone	Opiates	Barbiturates
Benzodiazepines	Synthetic narcotics: Methadone and Propoxyphene		

The following is a list of some over-the-counter and prescription drugs which could alter or affect the outcome of a drug test: All information is confidential and all results are discussed with the Volunteer prior to any communication with the City.

- a. Alcohol - all liquid medications containing ethyl alcohol (ethanol) (the label will indicate alcohol content)
- b. Amphetamines - Obetrol, Biphedamine, Desoxyxyn, Dexedrine, and Didrex
- c. Cannabinoids - Marinol (Dronabinol, THC)
- d. Cocaine - Cocaine HCl topical solution (Roxanne)
- e. Phencyclidine - not legal by prescription
- f. Methaqualone - not legal by prescription
- g. Opiates - Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Emprim with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dlaudid (Hydromorphon), M-S Contin and Roxanol (morphine sulfate), Perdocan, Vicodin
- h. Barbiturates - Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butabital, Phrenilian, Triad
- i. Benzodiazepines - Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax
- j. Methadone - Dolophine, Methadose
- k. Propoxyphene - Darvocet, Darvon N, Dolene

I freely and voluntarily agree to submit to a drug test as part of my application when required by the City. I understand that either my refusal to submit to the drug test or my failure to qualify according to the minimum standards established by the City of Oviedo for this screening will disqualify me for further/continued consideration for volunteering.

I further understand that upon commencement of volunteering with the City of Oviedo I may be required to submit to a drug test as a result of sustaining a post work injury requiring medical attention beyond the Fire Department's first aid treatment. I also understand that my refusal to take a requested drug test or my failure to meet the minimum standards set for the screening may result in immediate dismissal.

I have read in full and understand the above statements and conditions of volunteering.

Volunteers' Signature

Date

Volunteer's Name (PRINT)

DFWP Established 5/23/94

