
Why do you want to volunteer at the City of Parkland?

Have you ever been convicted of a misdemeanor or a felony? Yes _____ No _____

If "yes" please explain including date(s)

Copy of Order from Court to perform community service must be attached.

How many hours are you required to perform per Court Order? _____

Are you willing to be contacted as a Disaster Volunteer in the event of an Emergency Situation such as a hurricane? Yes _____ No _____

If "Yes" please answer following questions:

Do you have your own tools/equipment to use during this assignment?

Would you be willing to drive your own vehicle in an emergency situation? Yes _____ No _____

"Yes" please provide the following:

Driver's License # _____ Exp. Date: _____

Auto Insurance Carrier: _____

Policy # _____

Are any members of your family employed by the City of Parkland? Yes _____ No _____

If "yes" enter name of the family member: _____

References – please indicate three individuals we can contact.

Name	Address	Phone Number

Print your name:

Your address: _____ **Zip:** _____

Your home phone: _____ **Your cell phone:** _____

Do you have any physical limitations at this time? Yes _____ **No** _____

If "Yes" please indicate limitations and name of physician:

Name and phone number of Physician:

Indicate at least one local person to be contacted in case of an emergency. Indicate your relationship with this person in case we have to contact them. You can provide two or three contacts, one must be local.

Name	Relationship	Home Phone / Cell Phone
_____	_____	_____
_____	_____	_____

AGREEMENT Please initial the following boxes.

I understand that volunteer opportunities may require a criminal background check, references, a physical exam, and/or a drug screen, and I am willing to submit to the screening process required for the particular volunteer opportunity.

I understand that as a City volunteer, I am not entitled to compensation for my service.

I hereby release and hold harmless the City of Parkland, its officers and employees from any and all causes of action I may have arising from my activities as a volunteer for the City of Parkland.

If I am accepted as a City of Parkland Volunteer, I agree to abide by all rules, regulations and policies as are applicable and required by the City and the State of Florida.

Signature of Applicant Date

Signature of Parent if under age 18 _____

Return completed form to: City of Parkland, Human Resources Department
6600 University Drive, Parkland, Florida 33067