



# Volunteer Application

Volunteer Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

### References

Name	Relationship	Phone #
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### Emergency Contact who can authorize medical treatment

Name \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

### Back-up Emergency Contact

Name \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

### Additional Information

Do you regularly take any medication?      Yes      No      If yes, what? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you have any other special conditions? \_\_\_\_\_

**NOTE: By volunteering you are giving consent to allow the City of Tampa, its officers, employees, and agents, to use any still image(s) or video of you in any publication or broadcast medium.**

I, \_\_\_\_\_, do hereby give my consent to the City of Tampa Parks and Recreation Department, to secure and authorize such emergency medical treatment as I might require while performing volunteer services. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. NOTE: Every effort will be made to notify the emergency contact in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Volunteer \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years old)

# AGREEMENT TO VOLUNTEER AND ACCEPT WORKER'S COMPENSATION BENEFITS

Florida Statute 125.9404(4) provides Worker's Compensation for volunteers serving in specific capacities on behalf of the City of Tampa Department of Parks and Recreation. Volunteers who qualify must complete this "Agreement to Volunteer and Accept Workers Compensation Benefits Form" prior to placement.

The City of Tampa Parks and Recreation Department and the volunteer listed below agree to the following regarding volunteering and acceptance of Worker's Compensation coverage:

1. Volunteer agrees to perform volunteer services as directed by the City of Tampa Parks and Recreation Department and to follow department policies and procedures.
2. Volunteer accepts the coverage of the Worker's Compensation as the sole remedy for any damages he/she suffers from any and all services performed for the City of Tampa Parks and Recreation Department and agrees not to seek any damages not covered by the Worker's Compensation Act, in exchange for being provided this coverage.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Volunteer (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

## CONFIDENTIALITY STATEMENT

I recognize that data, materials, knowledge and information generated through, originating from, or having to do with the City or persons associated with the City's activities, may contain confidential information that is not subject to disclosure under applicable public records laws. Therefore, I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services.

I understand that failure to comply with this confidentiality statement will result in immediate termination of my volunteer appointment.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Volunteer (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

The consideration for this Release, Waiver of Liability and Indemnity Agreement (hereinafter referred to as the "Agreement") is the participation in volunteer services, which I agree is a service to the community, and the City's waiver of any requirement that I carry self-funded liability insurance prior to being allowed to engage in volunteer service. I acknowledge that absent the execution of this Agreement, the City would not have offered me the ability to engage in volunteer service, because of unacceptable exposure to liability claims.

I hereby agree, personally and/or on behalf of my child that participation in volunteer service is only granted by the City because of its understanding that in the event of injury to me and/or my child, or damage or loss or property, that any insurance policy held by me, which covers such injury or loss shall be the primary source of any recovery.

I, personally and on behalf of my heirs, personal representatives, executors and assigns, HEREBY RELEASE, WAIVE, ABSOLVE, DISCHARGE, AND COVENANT NOT TO SUE the City of Tampa, its officers, employees, and agents, individually or in an official capacity for the City from all liabilities, claims, demands, actions, damages, costs or expenses which we may have against the City arising out of or in any way connected to participation in volunteer service, including, but not limited to, travel to or from service sites, or for bodily injury, death or property damage suffered by me and/or my child before, during, or after volunteer service. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of the City.

I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE that I and/or my child may incur due to my negligence or the negligence of the City while I and/or my child are engaged in or as a result of volunteer service. I expressly acknowledge and agree that volunteer service may involve the risk of injury or property damage.

I shall defend (if directed by the City), hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me to participate in volunteer service, even if allowing me to participate in volunteer service is later found to be wrongful or negligent.

I further expressly agree that the foregoing Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY CERTIFY THAT I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Volunteer (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_