The City of Daytona Beach

VOLUNTEER AGREEMENT AND RELEASE FORM

Welcome! We appreciate your interest in becoming a volunteer with The City of Daytona Beach and look forward to your contribution to the organization and the public it serves. As a condition of performing volunteer work for the City, you must sign this volunteer agreement and release form. If you are under the age of 18, your parent or guardian must also understand and sign this agreement, and be responsible for all of your actions while you are performing volunteer activities.

As a volunteer with The City of Daytona Beach, you agree as follows:

- That you understand you are a representative of the City and, as such, acknowledge your responsibility to conduct yourself in a professional and courteous manner at all times, to treat employees and the public with respect and dignity, and to perform your duties to the best of your abilities;

- That it is your desire and intention to perform voluntary services for the City without compensation, remuneration, and without the expectation of future employment;

- To arrive at your designated work site in time to begin work as scheduled or to contact the Department designee in advance of your scheduled time if you will be absent;

- To attend training on City policies as required, and abide by them;

- To submit to a background check. By signing this agreement, at this time, and until informed in writing to the contrary, you hereby authorize without reservation, any party or agency contacted by The City of Daytona Beach, to furnish any information concerning: employment, education, driving record, criminal record and/or any other information relevant to your becoming a volunteer for The City of Daytona Beach;

- That you understand and agree that performing volunteer services does not create a contractual arrangement or employment relationship between you and The City of Daytona Beach;

- To comply with all instructions given by your Department designee, including but not limited to those instructions related to work safety;

- That during the course of performing volunteer services and anytime thereafter, you will hold as confidential all privileged and sensitive information, which you may

obtain directly or indirectly, concerning the City, its customers, volunteers, and employees;

- That in the event you are injured while performing authorized volunteer services for the City, you will report the injury immediately to City staff and that it is your responsibility to file any injury claims with Risk Management;

- That the City may revoke its permission to allow you to perform voluntary services for the City at its sole discretion and for any reason whatsoever.

The undersigned (and his/her legal guardian, if under the age of 18) has read, understands and voluntarily signs this Agreement, and further agrees that no oral representation, statements, or inducements apart from the foregoing written agreement have been made.

You hereby declare that to the best of your knowledge the information provided both verbally and on the volunteer application is complete and accurate, and you understand that appointment as a volunteer will be contingent upon satisfactory completion of a background investigation.

Volunteer Applicant's Name (Print): _____ Date _____

Volunteer Applicant's Signature:_____ Date _____

_____
Parent/Guardian's Signature
(If volunteer applicant is under 18 years of age)

SUBMIT APPLICATION TO:
Human Resources Department
City Hall
301 S. Ridgewood Avenue
Daytona Beach, FL 32114
LossL@codb.us

The City of Daytona Beach
VOLUNTEER APPLICATION FORM

Volunteer Position: _____ Citizens on Patrol _____ **Department:** _____ CoP Unit _____

PERSONAL INFORMATION:

Name: _____
First Middle Last

Address: _____
Street City/State Zip Code

Phone number (Hm.) _____ (Cell) _____ (Emergency) _____

Date of Birth (if under 18):_____

Have you worked or volunteered for The City of Daytona Beach in the past? ___Yes ___No

If yes, When? _____ Which department? _____

REFERENCES:
List two references, other than relatives or former employers, and provide contact information.

Name _____ Name _____

Phone No. _____ Phone No. _____

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with The City of Daytona Beach.

During such times as I am a participant in The City of Daytona Beach Volunteer Program, I agree to assume full responsibility for such participation and release the City from any damages which I may sustain thereby. I fully understand that if my services are no longer needed, or my performance is not acceptable, the City has the right to terminate my services without notice.

Applicant's Signature:_____ Date: _____

Telephone:_____

** PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE & SOCIAL SECURITY CARD **

THE CITY OF DAYTONA BEACH
Conviction History Disclosure Form

Position Applying for: (Exact Title)			
Last Name	First Name		Middle Initial
Street Address	Apt. No.	Home Telephone Number ( ) -	
City	State	Zip Code	Alternate Telephone Number ( ) -
E-mail Address	Social Security Number		

IMPORTANT: You will be asked to submit a copy of this form each time you are being considered for a position. Please keep a copy for your records. **NOTE:** A conviction record or adjudication will not be an automatic barrier to employment. **Failure to disclose an accurate conviction history may result in non-hire or later dismissal.**

CONVICTION HISTORY

Please read and complete the following sections carefully:

1. Have you ever been convicted of any offense against the law, or pleaded nolo contendre (no contest), or had adjudication withheld, or entered a court sponsored program, or forfeited collateral, or are you now under charges for any offense against the law, including DUI or DWI? ☐ **YES** ☐ **NO**

2. Have you been arrested and are currently out on bail or out on your own recognizance pending trial?
   ☐ **YES** ☐ **NO**

If you answered **NO**, please sign and date the CERTIFICATION OF APPLICANT below.
If you answered **YES**, please complete page 2; then sign and date the CERTIFICATION OF APPLICANT below.

CERTIFICATION OF APPLICANT (please read carefully): I hereby certify that all statements made in this Conviction History Disclosure Form are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from employment with the City of Daytona Beach.

Date: _____ Signature of Applicant: _____

APPOINTING AUTHORITY/DESIGNEE ONLY

____I, the Appointing Authority/Designee, certify that I have reviewed this Conviction History Disclosure Form and accompanying criminal history report and determined that the particular convictions and/or circumstances thereof disclosed by the applicant or reported in the criminal history will or will not (circle) disqualify the applicant from this particular position in the above-referenced department.

____The statements made in this Conviction History Disclosure Form are false, inaccurate, or incomplete and will result in disqualification or dismissal from employment.

Date: _____ Appointing Authority/Designee _____

Please attach additional pages if necessary:

Offense or Case Name (provide code or section if known)	Conviction Date (on or about)	Where Violation Occurred (City, County, State)	Court Penalty Imposed (sentence & status)

OPTIONAL: Please provide any additional explanation you would like us to consider.

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