



Volunteer Application

Thank you for considering Community Tampa Bay™ as a place to donate your time and talents. Volunteers are vital to the success of the many programs we offer. Without you, we would not be able to meet the growing needs of the participants and the community. If you have any questions regarding the application process, please contact our office.

Community Tampa Bay™ does not discriminate on the basis of race, sex, color, ability, national origin, religion, creed, age, marital status, sexual orientation, citizenship, or authorized alien status, or veteran status.

GENERAL APPLICATION INSTRUCTIONS

Please print clearly and legibly. All questions must be answered factually and completely. Mark "N/A" to any question that does not pertain to you. Do not leave any questions blank. Remember to sign the application in the space provided at the end of the form. Any volunteer under the age of 18 must have parent consent and signature.

Name: _____ Soc. Sec.: _____
(First) (Middle) (Last)

Address: _____ City: _____
(Street)

State: _____ ZIP: _____ How long have you been at this address? _____

Home Phone (): _____ Business Phone (): _____

E-Mail Address: _____ Cell Phone: () _____

Demographic Information: please mark all the apply to you

_____ Female _____ Male

_____ White/ European American _____ Hispanic _____ Native-American _____ Multi-racial

_____ Black/African American _____ Asian/Pacific Islander _____ Other (Specify) _____

_____ Atheist _____ Buddhist _____ Christian _____ Hindu _____ Islam _____ Jewish _____ Non-denominational

_____ Other Religion (specify) _____

Are you 18 years of age or older? (Check One) _____ YES _____ NO Please list your birth date ____/____/____

Volunteer Position(s) Applying For:

_____ Programming (ANYTOWN™, Youth Conferences, etc.) _____ Community Relations (Events, Office, General Support, Public Relations)

Why would you like to volunteer? _____

Are there any particular skills, talents, or interests you would like to share? _____

What is your availability? _____

Have you previously participated in any Community Tampa Bay™ programs? _____

Employment History: *Please list your current or most recent employer. You may attach a current resume, if desired*

Name of Company/Organization: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: () _____ Dates Employed: _____ to _____ Job Title: _____

Name and Title of Immediate Supervisor: _____

Do you have a current driver's license? Yes _____ No _____ Do you have the use of a car? Yes _____ No _____

Education: *Please list the school and location, degree/diploma earned, if any, for the highest level of education achieved.*

School & Location: _____

Degree/Diploma Earned: _____

Health and Emergency Contact Information

Name: _____ Relationship to Applicant: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Work Phone: () _____ Cell Phone: () _____ Home phone: () _____

Do you have any existing health conditions? (Check One) _____ YES _____ NO

If yes, please describe: _____

Is there anything that will prevent you from performing the essential functions of the position for which you are applying, with or without reasonable accommodations? (Check One) _____ YES _____ NO

If yes, please explain: _____

References: *For the safety of our participants, staff and volunteers, we complete at least 2 reference checks on every program volunteer. References may include supervisors, co-workers, faith leaders, teachers or school counselors. Please do not list relatives or household members.*

Name: _____ Relationship to you: _____

Phone Number: () _____ E-Mail Address: _____

Name: _____ Relationship to you: _____

Phone Number: () _____ E-Mail Address: _____

Please return the completed application with signature page to:

Community Tampa Bay™
1499 Beach Drive SE, Unit C
St. Petersburg, FL 33701
Main 727.568.9333
Fax 727.568.0533
www.CommunityTampaBay.org

Office use only: Date application received _____ Date of volunteer orientation _____ Staff signature _____

Authorizations and Signatures

Please initial each statement and sign at the bottom.

Authorization for Emergency Medical Treatment

If I should become ill or injured during a volunteer activity, I understand that Community Tampa Bay will contact the person I have designated. Should Community Tampa Bay be unable to contact the person designated as the Emergency Contact, they are authorized to arrange for immediate emergency treatment necessary to ensure my health and safety. I accept responsibility for payment of medical services rendered.

_____ I have read and accept the Authorization for Emergency Medical Treatment.

Background Screening Release:

I hereby certify that the information provided relative to the background screening process and on the volunteer application is true and accurate and subject to verification by Community Tampa Bay. I authorize the schools, persons, previous employers, agencies and other organizations named in the volunteer application and screening forms to provide Community Tampa Bay (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a volunteer decision and hereby release any such schools, persons, employers, agencies and organization from any and all liability, which they might otherwise incur as a result. I understand that any misrepresentation or omission of facts on these forms may be justification for refusal of, or dismissal from, volunteer services. I will comply with all rules and regulations as set forth in Community Tampa Bay's volunteer policy manual or other communications distributed to volunteers. I understand that I must complete the volunteer application and volunteer training prior to performing volunteer services for Community Tampa Bay.

_____ I have read the above statement and accept the same as condition of my volunteer services with the Community Tampa Bay.

Photo Release:

_____ I grant permission to Community Tampa Bay to use photographs and videotapes taken of me, for publication purposes.

Assumption of Risk:

The volunteer understands that community service activities may include work that may be hazardous to the volunteer. The volunteer hereby expressly and specifically assumes the risk of injury or harm, or loss or damage to property arising from participation in the activities. If the volunteer requires accommodations for special needs or abilities, the volunteer must contact the Community Tampa Bay, whereby Community Tampa Bay, on a case by case basis, will review the accommodation request.

_____ I have read and agree to the Assumption of Risk.

Voluntary Release of Community Tampa Bay from Liability

I am an adult over 18 years of age and I wish to participate in Community Tampa Bay volunteer activities, or give my child named as the volunteer above, permission to participate in Community Tampa Bay volunteer activities. I understand that even when reasonable precautions are taken, accidents can sometimes happen. Therefore, in exchange for Community Tampa Bay allowing me/my child to participate in Community Tampa Bay volunteer activities, I understand and expressly acknowledge that I release Community Tampa Bay and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to my/my child's participation in Community Tampa Bay volunteer activities, whether on or off the Community Tampa Bay premises. I understand this release includes any claims based on negligence, action or inaction of the Community Tampa Bay, its staff, board of directors, members, participants and guests.

I certify that the information provided in this application is true and complete. I authorize Community Tampa Bay to investigate this application and to secure any necessary information from all employers, references, academic institutions, and other organizations. I also agree to execute any additional written authorizations necessary for Community Tampa Bay to obtain access to and copies of records pertaining to this information. I agree to release any person, company, or other institution from any and all cause of action that otherwise might arise from supplying Community Tampa Bay with information it may request pursuant to this release. I understand that acceptance of my offer to volunteer services to Community Tampa Bay is contingent upon receipt of satisfactory responses to any or all investigations conducted by Community Tampa Bay. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document will be sufficient for rejection of my application, or for my immediate discharge if discovered after I begin providing volunteer services. I agree to comply with all applicable policies, procedures, and rules of Community Tampa Bay, and I understand that any violation may result in my immediate dismissal as a volunteer. I understand that nothing in this application, or in acceptance of my offer to volunteer services, is intended to create an employment contract between Community Tampa Bay and me. I hereby acknowledge that I have read and understood the preceding statement.

_____ I have read, understood, and am voluntarily agreeing to and signing this authorization and release.

Printed Name of Volunteer

Signature of Volunteer

Date

A parent/guardian must complete the following for volunteers under the age of 18 years

I have read the above statements and accept the same as condition of my child's volunteer services with the Community Tampa Bay.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date