

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

Have you previously participated in any CTB/NCCJ programs? _____

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

Name of Company/Organization: _____

Address: _____

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

Name and Title of Immediate Supervisor: _____

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: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Relationship to Applicant: _____ Work Telephone: _____

Do you have any existing health conditions? _____ If yes, please describe: _____

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: _____

Assumption of Risk:

I have read the Assumption of Risk _____ Volunteer Initials

_____ Parent/Guardian Initials
if volunteer is under 18 years of age.

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 CTB, whereby the CTB, on a case by case basis, will review the accommodation request.

Authorization for Emergency Medical Treatment: I have read the Authorization for Emergency Medical Treatment _____ Volunteer initials
_____ Parent/Guardian Initials
if volunteer is under 18 years of age.

If I should become ill or injured during a volunteer activity, I understand that CTB will contact the person I have designated. Should CTB 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.

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 CTB (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 CTB'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.

Printed Name of Volunteer Date

Signature of Volunteer

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

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

Printed Name of Parent/Guardian Date

Signature of Parent/Guardian

Photo Release: I have read the Photo Release _____ Volunteer Initials
_____ Parent/Guardian Initials
if volunteer is under 18 years of age.

I grant permission to CTB to use photographs and videotapes taken of me, for publication purposes.

Voluntary Release of Community Tampa Bay from Liability

I am an adult over 18 years of age and I wish to participate in CTB volunteer activities, or give my child named as the volunteer above, permission to participate in CTB volunteer activities. I understand that even when reasonable precautions are taken, accidents can sometimes happen. Therefore, in exchange for CTB allowing me/my child to participate in CTB 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 CTB volunteer activities, whether on or off the CTB 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 CTB 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 CTB 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 CTB with information it may request pursuant to this release. I understand that acceptance of my offer to volunteer services to CTB is contingent upon receipt of satisfactory responses to any or all investigations conducted by CTB. 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 CTB, 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 CTB 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

Staff Initials

Signature of Volunteer

Date:

Signature of Parent/Legal Guardian (if volunteer in under 18)

Date:

Please return this application to
Community Tampa Bay
9535 International Court N.
St. Petersburg, FL 33716
727-568-9333
727-568-0533
www.communitytampabay.org

FOR OFFICE USE ONLY

Date application received: _____

Date volunteer attended orientation: _____

Staff Member Signature