



CITY OF RIVIERA BEACH

2051 MARTIN LUTHER KING, JR. BLVD, ROOM 302 • RIVIERA BEACH, FL 33404
(561) 840-4880 FAX: (561) 840-4881

HUMAN RESOURCES

VOLUNTEER APPLICATION

PLEASE PRINT

Mr./Ms. Name _____ Email _____
Address _____ City _____ Zip Code _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Are you a student? ___ Yes ___ NO ___

School/College Attend _____

Days/Time you are available to volunteer:

	MON	TUE	WED	THUR	FRI	SAT	SUN
AM							
PM							

Length of time you are available (1 month, 6 months, Indefinite) _____

SKILLS (check all that apply):

Entertainment ___ Tutoring ___
 Bookkeeping ___ Writing ___
 Computer ___ Reception/Greeter ___
 • Word ___ Clerical ___
 • Excel ___ Filing ___
 • Email ___ Photography ___
 Graphics ___ Special Events ___
 Disaster Training ___ Languages ___
 Other _____

PLEASE INDICATE HOW YOU LEARNED ABOUT THE VOLUNTEER PROGRAM

Cable TV (Channel 18) ___
 Volunteer/Job Fair ___
 Community Event ___
 Newspaper ___
 City of Riviera Beach's Website ___
 Referral _____ By Whom _____
 City Department _____
 Other _____

Position(s) applied for: _____ Department _____

Briefly describe relevant work and/or volunteer experience: _____

Educational Background: _____

EMERGENCY CONTACT:

Name _____ Phone (____) _____ Cell Phone: (____) _____

REFERENCES: (other than relatives)

Name _____ Phone (____) _____
Name _____ Phone (____) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ___ No ___ Year _____

OFFICE USE ONLY

Interviewed By _____ Volunteer Start Date _____
 Dept./Division _____ Position _____
 Badge Rec'd _____ Vol. Agree. Rec'd _____ Vol. Orientation Complete _____

RIVIERA BEACH FLORIDA. —"The Best Waterfront City In Which To Live, Work, And Play."

www.rivierabch.com



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VOLUNTEER SERVICE AGREEMENT

Check one:

- I am eighteen (18) years or older; or
 I am under eighteen (18) years of age, and my parent or legal guardian has executed this agreement

1. I know of no reason, medical or otherwise, which would prevent me from performing the tasks for which I have volunteered.
2. In accepting a position as a volunteer for the City of Riviera Beach, I agree to accept Voluntary Workers' Compensation coverage as the sole remedy for any injuries that I may sustain while providing uncompensated services for my community. The Voluntary Workers' Compensation coverage that shall be in effect to pay for medical attention for actual injuries sustained while volunteering. Since volunteer service does not include wages, such compensation does not provide same.
3. I have reviewed the duties of the position listed in my volunteer description and confirm that I have the skills and ability to perform them, and that I have no physical or mental disability, which would prevent me from performing the duties, or place others or myself at risk or injury.
4. I assume full responsibility for my safety or others under my control, and I shall hold the City of Riviera Beach harmless for any injury to me or damage to my property, and for injury or damage resulting from my own negligence.
5. I agree not to pursue legal proceedings against the City for any reason associated with my volunteer services.
6. I understand that if I use privately owned vehicle on City business that the City is not liable for damages incurred either to me, the vehicle or to others.
7. I will perform my services in compliance with the policies, procedures and guideline established, and will honor the decision of the City to suspend or terminate my service.

Volunteer:

Signature

Date

Print Name

If the volunteer is under the age of eighteen (18), the parent or legal guardian must execute this Agreement and the attached Minor

Volunteer Waiver Release Form:

Parent or Legal Guardian:

Signature

Date

Print Name

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