



VOLUNTEER/INTERN/COMMUNITY SERVICE APPLICATION

Personal Information:

Name: _____ Date of Application: _____
(Last) (First) (Middle)

Street Address: _____ Telephone: _____

City, State, Zip Code: _____ Birth Date: _____

Previous Address(es) if less than 5 years at above: _____
Separate sheet if necessary

Email: _____

Driver License Number/Issuing State: _____ *Must attach copy of driver license

Have you previously volunteered here? Yes No Dates (if applicable): _____

Where would you like to Volunteer/Intern? _____

Have you ever worked for the Citrus County Board of County Commissioners? Yes No

Dates (if applicable): _____

I can volunteer _____ hours per: Day Week Month

Days: Monday Tuesday Wednesday Thursday Friday Saturday

Time of Day: Morning Afternoon Late Afternoon Anytime

Comments: Please explain below what interests or qualifications you have as a volunteer, intern or Community Service worker to include prior volunteer opportunities for this position. Include any relevant skills, experience and/or education.

References:

Name: _____ Relationship: _____

Telephone: _____

Name: _____ Relationship: _____

Telephone: _____

Emergency Contact Information:

Name: _____ Telephone: _____
(Last) (First) (Middle)

Agreement: in signing this application Citrus County acknowledges your willingness to volunteer your service to assist the County. By signing this form, it is understood that you are not an employee or agent of the County and the County may terminate this volunteer agreement at any time. All County Volunteers, Interns and Community Service workers must be registered with the Department of Human Resources and successfully complete any necessary background and/or reference checks.

I certify that all statements in this application are true and if approved as a volunteer I will abide by the County Regulations.

Signature of Applicant: _____ Date: _____



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Only One of the Following (A, B or C) Applies

A. You are a volunteer (age 18 or over) who has been properly authorized by a County department director to contribute to a County activity or program by volunteering your services.
(only applicable if checked)

Workers' Compensation Details for authorized volunteers: While acting within the scope of your County authorized activities as an unpaid volunteer, you may be covered by Workers' Compensation in accordance with Florida Statute, Chapter 440. As an unpaid volunteer, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your County authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area and to the County's Risk Management office. (Risk Management 352-527-5363) If you do not follow these procedures or do not timely report your injury, you may be denied certain Workers' Compensation benefits.

B. You are a community service worker who has been properly authorized by a County department director to contribute to a County activity or program (only applicable if checked)

While acting within the scope of your County authorized community service, you may not be covered under the County's Workers' Compensation and are responsible to provide for yourself whatever health or accident insurance coverage or other protections you deem necessary. As a community service worker, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your County authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area and to the Risk Management office 352-527-5363.

C. You are an unpaid student intern (minimum age 14 and currently in High School) who has been properly authorized by a County department director to receive an educational experience in the County's workplace. Participation as a student intern is at your request, solely to further your own personal education goals.
(only applicable if checked)

Workers' Compensation Details for unpaid student interns in the County's workplace: While acting within the scope of your County authorized unpaid student internship, you may not be covered under the County's Workers' Compensation and are responsible to provide for yourself whatever health or accident insurance coverage or other protections you deem necessary. As a student intern, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your County authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area and to the Risk Management office 352-527-5363.

Citrus County is a drug and alcohol-free workplace. Use of these during volunteer hours will be grounds for your immediate removal as a volunteer.

I am the parent or legal guardian of the volunteer or student intern referenced above. (Check if applicable)

I, (printed name of individual or parent/guardian) _____, acknowledge by my signature below that I have read and understand the applicable Workers' Compensation details provided above.

Signature: _____ Date: _____

***To be completed by the Human Resources Department**

- | | |
|--|---|
| <input type="checkbox"/> Florida Department of Law Enforcement | <input type="checkbox"/> Level II Background Screen |
| <input type="checkbox"/> National Sex Offenders Registry | <input type="checkbox"/> Reference Check |
| <input type="checkbox"/> Level II Background Screen for Supervisor | <input type="checkbox"/> Physical Exam |
| <input type="checkbox"/> Former Employee File Review | |

Risk Approval: _____ Date: _____
Risk Manager

Human Resource Approval: _____ Date: _____
Human Resources Director

Approved Start Date: _____
Human Resources will notify the Department/Division of the start date once the results from the background screen have been completed.