



Seminole County Fire Corps
Volunteer Application

Today's Date: ____/____/____

The Seminole County Volunteer Fire Corps program is a great opportunity for you to help your local fire and emergency services department as well as your community. In order to ensure that your time and talents will be best utilized, please complete the following and return the completed forms to _____.

PERSONAL INFORMATION (Please Print):

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email address _____

Current Student? Yes No. If yes, name of school _____

Employed? Yes No. If yes, name of employer* _____

*If you are currently employed by Seminole County BCC please note that if you are non-exempt under FLSA, then you may not volunteer in the same role or capacity of your normal job duties delivering the same type of services.

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

AREAS OF INTEREST (please check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Explorer Post |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Life Safety Education | <input type="checkbox"/> Website Developer |
| <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Chaplain Corps | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Preplanning | <input type="checkbox"/> Incident Reporting/Data Management |
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Other _____ | |

Please list any special skills, talents or certifications you have:

Day/Times Available (circle day and note time)

Sun/____ Mon/____ Tue/____ Wed/____ Thurs/____ Fri/____ Sat_____

BACKGROUND QUESTIONAIRRE AND LEGAL DISCLOSURE:

Have you ever been convicted, pled guilty, nolo contendere (no contest), or had adjudication withheld of a felony or misdemeanor (or similar offense)? Yes No

If yes, please explain (use additional paper if necessary): _____

Do you possess a valid Driver's License? Yes No

If yes, please indicate State, Type, Issue and Expiration dates: _____

Seminole County is authorized to verify any or all of the information contained in this application. All statements are subject to investigation, and a criminal background check will be conducted. Your application may be subject to inspection in accordance with Florida Public Records Law, Chapter 119, Florida Statutes.

I agree to abide by and comply with all rules, regulations, policies and procedures of Seminole County and hereby confirm that the information provided on this application is true and complete to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification and/or dismissal as a volunteer with this program.

Volunteer Signature

Date

Parent /guardian signature required if volunteer is a minor under 18 years of age.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

VOLUNTEER HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
(If minor, check boxes)

I, _____, (a minor) wish to perform services as a _____
_____ volunteer for the Board of County Commissioners of Seminole County, Florida,
in the _____ (department/division).

I undertake to perform these services for the experience and self-satisfaction I will gain from this public service. I understand that I am not nor will I be a County employee nor will I be eligible for any of the benefits of a County employee except to the extent State law mandates volunteer participation in a benefit program.

(We, _____, and _____, parent(s) or guardian(s) of _____
_____, wish our child/ward to have the benefit of performing services for the County.)

In consideration of County's permission to perform volunteer services, I, for myself and my assigns, (and we, as parents or guardians, for ourselves and our assigns) do hereby release and discharge Seminole county, its agents, officers and employees from any and all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not by way of limitation, all liability for property damages and personal injury of every kind, nature or description arising or which may hereafter arise from said permission, volunteer's performance of services or volunteer's presence on the work site.

I grant Seminole County full permission to use my photographs, videotapes, or any other manner of recording my participation in this Program for any purpose.

I/We hereby indemnify and hold harmless Seminole County for any and all claims, demands and causes of action of every kind and nature arising out of said permission, volunteer's performance of services, or volunteer's presence on the work site.

Volunteer's Signature

Date

Address

City State Zip

Parent/Guardian Signature (If MINOR)

Date

Parent/Guardian Printed Name

Division Manager

Date

SEMINOLE COUNTY GOVERNMENT

Volunteer and Educational Intern Agreement of Non-Disclosure of Confidential Information

I, _____, (*print*) having been granted the opportunity of serving Seminole County Government as a volunteer and/or participating with this agency as an intern to further my educational needs, by my signature on this document do understand and agree to the following:

I may be allowed access to sensitive and/or confidential information to include conversations, written material, physical evidence and the like.

I understand that such information cannot be shared with anyone outside of the Division/Section to which I am assigned, without prior approval from my direct supervisor. In any case, such approval will be limited only to information required to complete an educational project (case study or term paper), and may need to eliminate certain names, dates and locations to protect the rights of involved individuals.

I will not use a personal cell phone or other device to record, memorialize or otherwise communicate any events which I may observe in the course of my participation and comply with any other mobile device restrictions as indicated to me by a Seminole County supervisor or employee.

I further understand that the disclosure of sensitive and/or confidential information could hinder on-going investigations, subsequent prosecution, violate certain constitutional rights of involved parties, and/or constitute a criminal law violation.

I know that any personal opinions or conclusions derived by myself, due to access to investigative information, about any aspect of a case, must be treated as confidential information, and will only be discussed with the aforementioned supervisor in a private setting.

Finally, I understand if I do disclose information as described above, notwithstanding the listed educational exception pursuant to the restrictions set forth, my status as a volunteer and/or intern will be immediately terminated. I understand that if such disclosure results in a hindrance of an investigation or prosecutorial process or the violation of a criminal statute, I may be held civilly liable and/or could be prosecuted in criminal courts to the full extent of the law.

Signature of Volunteer/Intern

Date

Witness Signature

Printed Name