



TOWN OF DAVIE VOLUNTEER APPLICATION

6591 Orange Dr. • Davie, FL 33314 • Ph: (954)797-1100 • Fax: (954)797-1079

Web Page www.davie-fl.gov

"An Equal Opportunity Employer"

A Town of Davie volunteer application must be completed for an applicant to be considered for volunteering. Please answer each question. If the question does not apply, indicate N/A. If the space available is insufficient, please attach additional sheets as required. Please PRINT CLEARLY in ink or TYPE all information.

The Town of Davie reserves the right not to process an application if said application is found to be incomplete or if required documentation is not provided.

Under the Americans with Disabilities Act of 1991, the Town is required to reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment but only if the Town knows that an accommodation is required. If you are disabled and require accommodation, the Town will make every reasonable effort to provide it to you. You may request an accommodation at any time. However, some types of accommodation may require some preparation before they can be provided.

The Town of Davie hereby discloses that social security numbers will be used for background checks. No other use of social security numbers is authorized. This written statement is in compliance with Florida Statutes, Section 119.071(5)(a).2.a.

1) Position Applied For	2) Social Security Number	3) Telephone Number	
4) Last Name	First Name	Middle Name	
5) Present Address	City	State	Zip
7) *THIS APPLICATION MUST BE ACCOMPANIED BY A DOCUMENT THAT ESTABLISHES IDENTITY ISSUED BY A GOVERNMENT ENTITY, i.e., A PICTURE-BEARING DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION CARD, US PASSPORT, US MILITARY CARD, ETC.			
8) List any experience or skills applicable to the desired volunteer position.			
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9) Employment Record: Begin with your present or most recent employment and work back. List all jobs held in the last ten years. If more space is necessary, please attach additional sheets. Be specific when describing job duties. Please do not include volunteer work.			
May we contact your present employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A) Present Employer			
From MO/YR	To MO/YR	Employer _____	
		City/State _____	Position Title _____
		Supervisor's Name _____	Telephone Number _____
Hours Per Week _____		Reason for Leaving _____	
Specific Duties _____			
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10) Were you ever in the United States Armed Forces? Yes No

If yes, complete the following: Branch _____ Rank _____

Date of Entry _____ Date of Separation _____

List any special duties or training you received:

11) References: Please list two (2) people not related to you, whom you have known for at least one year.

A) Name _____ Occupation _____

Address _____ Telephone Number _____

B) Name _____ Occupation _____

Address _____ Telephone Number _____

12) Have you ever been discharged or forced to resign from any job? Yes No

If yes, please explain: _____

13) Have you ever been employed by the Town of Davie? Yes No

If yes, please provide date(s) and department(s): _____

14) Are you related to any Town of Davie employee? Yes No

If yes, please provide name, relation, and employing department: _____

15) Have you ever been convicted of any criminal offense, pleaded guilty or *nolo contendere*, or found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended? Yes No

Date	Charge	Place	Current Status

(NOTE: A "yes" response to this question does not automatically disqualify you for employment.)

16) Have you ever been a defendant in any civil action or lawsuit that included a claim against you for an intentional tort (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc?) YES NO

If yes, state the date, name and location of the court in which the claim, action, or lawsuit was brought against you, and the current status or disposition of the claim, action or lawsuit.

Date: _____ Court: _____ (Name/Location)

Status/disposition: _____

17) In case of emergency, please notify:

Name _____ Relationship _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

CERTIFICATION AND AUTHORIZATION

I understand that misrepresentation or omission of pertinent facts called for may be cause for dismissal if I am approved as a volunteer. I authorize the Town of Davie to make inquiries into my personal, educational or employment history as may be necessary to reach a decision and I consent to the release of information from past employers and other individuals concerning my qualifications for volunteering.

Signature _____

Date _____

**RELEASE & WAIVER FORM FOR PRE-EMPLOYMENT
BACKGROUND INVESTIGATION**

I, _____, hereby authorize any officer or other authorized representative of the Town of Davie bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my personal, educational, or employment or volunteer history as may be necessary to reach a decision including, but not limited to, academic achievement, attendance, athletic, personal history, performance report, background investigations, social security information and records, and disciplinary records, and I consent to the release of information from past employers and other individuals concerning my qualifications for volunteering.

I also hereby, authorize any officer or other authorized representative of the Town of Davie bearing this release or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s) or both, which pertain to my volunteering.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Davie.

I also hereby release you, as the custodian of such records and any school, college, university or other education institution, or retail business establishment including collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I also hereby release the Town of Davie and any officer or other authorized representative of the Town of Davie, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it. **MUST BE SIGNED IN THE PRESENCE OF A NOTARY.**

Signature	Date	Telephone Number
STATE OF FLORIDA	COUNTY OF BROWARD	

The foregoing instrument was acknowledged before me this _____ day of _____, 20__

by _____ (name of person being acknowledged).

Type of Identification Produced _____

Personally Known Produced ID Type of ID Produced _____

Signature of Notary Public

Print or Type Commissioned Name of Notary

**DRUG-FREE & ALCOHOL-FREE WORKPLACE
APPLICANT NOTIFICATION & ACKNOWLEDGEMENT**

The Town of Davie has determined that drugs (including alcohol), taken for non-medicinal purposes, have no place on the job. A volunteer's use of drugs and/or alcohol subjects the volunteer, co-volunteers and the public to unacceptable safety risks, impairs an employee's ability to perform on the job, and undermines the Town of Davie's ability to operate effectively and efficiently. Accordingly, the Town of Davie has implemented a drug-free and alcohol-free workplace program in keeping with both the spirit and intent of the Drug-Free Workplace Act of 1988, 41 U.S.C. Section 701, et seq. It is a condition of volunteering that all Volunteers abide by this policy concerning drugs and alcohol.

I have read the above and am aware of the above policy.

NOTE: DO NOT SIGN THIS FORM UNLESS IN THE PRESENCE OF WITNESS.
(Any person over the age of 18 may act as a witness)

<p>_____ Applicant Printed Name Date</p>	<p>_____ Applicant Signature</p>
<p>_____ Witness Printed Name Date</p>	<p>_____ Witness Signature</p>

AFFIDAVIT OF GOOD MORAL CHARACTER

STATE OF FLORIDA COUNTY OF BROWARD

Before me this day personally appeared _____, who, being duly sworn deposes and says: I am an applicant for Volunteer for the Town of Davie, Parks and Recreation Department.

I understand I am subject to Level 2 Screening under Chapter 435 of the Florida Statutes. By signing this form I am swearing or affirming that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list, regardless of whether or not those records have been sealed or expunged. I understand I am also obligated to notify the Town of Davie's Parks and Recreation Department of any possible disqualifying offenses that may occur while serving in a Volunteer position, which is subject to background screening under Chapter 435, Florida Statutes.

Relating to:

Section	393.135	relating to sexual misconduct with certain developmentally disable clients
	394.4593	relating to sexual misconduct with certain mental health patients
	415.111	failure to report adult abuses, neglect, or exploitation of aged persons or disabled adults
	741.30	domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
	782.04	murder
	782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
	782.071	vehicular homicide
	782.09	killing an unborn child by injury to the mother
	784.011	assault, if the victim of offense was a minor
	784.021	aggravated assault
	784.03	battery, if the victim of offense was a minor
	784.045	aggravated battery
	784.075	battery on a detention or commitment facility staff
	787.01	kidnapping
	787.02	false imprisonment
	787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
	787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
	790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
	790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
	794.011	sexual battery
	794.041	prohibited acts of persons in familial or custodial authority (former)
Chapter	796	prostitution
Section	798.02	lewd and lascivious behavior
Chapter	800	lewdness and indecent exposure
Section	806.01	arson
Chapter	812	felony theft and/or robbery and related crimes, if a felony
Section	817.563	fraudulent sale of controlled substances, if the offense was a felony
	825.102	abuse, aggravated abuse, or neglect of disabled adults or elderly persons
	825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
	825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
	826.04	incest
	827.03	child abuse, aggravated child abuse, or neglect of a child
	827.04	contributing to the delinquency or dependency of a child
	827.05	negligent treatment of children
	827.071	sexual performance by a child

AFFIDAVIT OF GOOD MORAL CHARACTER

	843.01	resisting arrest with violence
	843.025	depriving an officer means of protection or communication
	843.12	aiding in an escape
	843.13	aiding in the escape of juvenile inmates in correctional Institution
Chapter	847	obscene literature
Section	874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter	893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section	916.1075	relating to sexual misconduct with certain forensic clients
	944.35(3)	Inflicting cruel or inhuman treatment on an Inmate resulting in great bodily harm
	944.46	harboring, concealing, or aiding an escaped prisoner
	944.47	introduction of contraband into a state correctional facility
	985.701	sexual misconduct in juvenile justice programs
	985.711	contraband introduced into detention facilities

ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this position.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

OR

For teachers and non-instructional personnel in lieu of fingerprint submission:

I swear or affirm that I have been fingerprinted under Chapter 1012, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

Sworn to and subscribed before me this ____ day of _____, _____.

Signature of Notary

IDENTIFICATION PRESENTED:

Personally Known Government Issued ID Type & No: _____



VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) Town of Davie to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity)

(Year of Request)

I have **OR** have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I do **OR** do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Town of Davie

Address: 6591 Orange Drive Davie, FL 33314

Telephone: (954) 797-1010 Fax: (954) 797-1087

FDLE Assigned Qualified Entity Number: E06020004

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
COPY - SEND TO FDLE WITH FINGERPRINT CARD



TOWN OF DAVIE
PARKS, RECREATION AND CULTURAL ARTS
3801 S PINE ISLAND ROAD
DAVIE, FLORIDA 33328
PHONE: 954.797.1145 • FAX: 954.797.1148
WWW.DAVIE-FL.GOV

VOLUNTEER APPRECIATION FORM

NAME: _____

ADDRESS: _____

CITY & ZIP CODE: _____

EMAIL ADDRESS: _____