

Volunteer Application



WATERMATTERS.ORG • 1-800-423-1476

Name		Phone	
Address			
City		State	ZIP
Email			
Date of Birth		Driver License Number	

For District use only

Property assigned to: _____

Name of supervisor: _____

Property where you wish to volunteer: _____

In case of emergency, please contact:

Name	Phone
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References:

Name – 1	Phone
Name – 2	Phone
Name – 3	Phone

Have you ever been charged with or convicted of a first-degree misdemeanor or felony in any state or county?

No Yes

Have you ever been charged with or convicted of child abuse, molestation, or a sex offense?

No Yes

If your answer is "Yes" to either question, please list the dates and jurisdictions of prior arrests or convictions:

Experience:

Terms and Conditions:

Volunteers are not considered to be employees of the Southwest Florida Water Management District. Volunteer hours may be applied toward community service credits or as work experience when applying for a state position. Volunteers are covered by state liability protection (Chapter 768.28 F.S.) and by Workers' Compensation (Chapter 440 F.S.). No other benefits or collective bargaining agreements shall apply. Volunteers shall comply with all applicable department and agency rules. I certify that I have no medical conditions or restrictions that would prohibit me from performing my volunteer duties. This agreement may be cancelled at any time following notice by either party. Upon termination of this agreement, all ID cards and other District-supplied property shall be returned. I hereby agree to the terms and conditions cited herein and authorize the Southwest Florida Water Management District to conduct a criminal history background check on me at any time during my service as a volunteer. Through the signing of this form, I do hereby for myself, my heirs, executors, administrators and personal representatives remise and release the District from any claims or actions involving my volunteer service.

Applicant's Signature	Date
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What months are you available for volunteer services? Check:

Jan Feb Mar Apr
 May Jun Jul Aug
 Sep Oct Nov Dec

What days of the week do you prefer? Check:

Mon Tue Wed Thu
 Fri Sat Sun

How many hours per week will you contribute? _____

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Hat:
 Ball cap _____

T-shirt size:
 S M L XL

Starting date: _____/_____/_____

Termination date: _____/_____/_____

Status:
 Active On leave Archive

Youth Volunteer Permission:

I, the undersigned parent or legal guardian, do hereby grant permission for the named applicant to participate in a volunteer activity at the property indicated above.

 Signature of parent or legal guardian Date

The Southwest Florida Water Management District does not discriminate on the basis of any individual's disability status. This nondiscrimination policy involves every aspect of the District's functions including one's access to, participation or treatment in its programs or activities. Anyone requiring reasonable accommodations as provided for in the Americans with Disabilities Act should contact the District at 1-800-423-1476 (FL only), extension 4470; TDD only: 1-800-231-6103 (FL only); fax: (352) 754-6877.