

VOLUNTEER AGREEMENT FORM

volunteers@mdpls.org

Date:							
Last Name:	First Name:					MI:	
Address:							
City/State:		_ Zip:	Email:				
Mobile Phone:			Home Phone:				
Are you 16 years of	age or older? □\	∕es □ No					
Driver's License/Picture ID Number:				DOB:_			
Are you fulfilling requirements for community service hours?			□ Yes	□ No			
Are you fulfilling requirements for academic credit?				□ Yes	□ No		
Do you have a library card?					□ No		
If not, are you able to get a library card on your first day of volunteering?					□ No		
When are you availa	ble to start as a v	olunteer?					
Which areas are of	interest to you?	Check all that	apply:				
Shelving / Clerical	□ Yes □ No	Friend	ds of the Miami-Dad	e Public Li	brary	□ Yes	□ No
Prepare Crafts	□ Yes □ No	•	Project L.E.A.D. □ Yes □ No				
Sort / Pack	□ Yes □ No	If yes, contact: projectlead@mdpls.org. Training required. Must be 18 yrs. or older.					
What skills do you Miami-Dade Public	-	•					
□ Organized	☐ Friendly	☐ Compute	r Savvy □ Artis	stic 🗆] Custon	ner Serv	vice
☐ Detail Oriented	□ Other:						
I request approval to	volunteer my ser	vices at the					,
Branch/Department	under the supervi	sion of:			Ti	tle	

I understand that I am not an employee of Miami-Dade County (the "County") and will not receive payment for my volunteer services. I am providing my volunteer services for civic, charitable, and/or humanitarian reasons and such services are being provided freely and without coercion. I further understand that at the end of my volunteer assignment that I am not guaranteed a position of employment with the County.

I understand that as a volunteer I am covered under the Workers' Compensation laws of the State of Florida as outlined in Chapter 440 of the Florida Statutes. I further agree to immediately notify my supervisor if I am injured in the performance of my volunteer duties.

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director. I understand that my volunteer services will be limited to the specific duties described below.

By signing this agreement I additionally certify that I am aware that the Human Resources Department will make the appropriate inquiries into my background, as prescribed by the Florida Statute 125.5801, to include a fingerprint based criminal history records check.

In exchange for the opportunity to perform volunteer services for the County, and the County's permission to access certain County facilities for this purpose, and for other goods and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby releases, indemnifies and holds harmless the County, its officers, officials, agents, employees, successors and assigns, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly form the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto. I declare that all the information provided on this application is true and I understand that any falsification or misrepresentation may result in my termination from the County's volunteer program.

Volunteer Name (Print)	Signature	Date
Parent/Guardian Name if less than 18 yrs. old (Print)	Signature	Date
Branch Manager Name (Print)	Signature	 Date
Department Director Name (Print)	Signature	 Date
Pursuant to this Agreement,		, will provide the following services:
Division: Location:	Hours:	
OFFICE USE ONLY		
Background Check Date:		
☐ Copy of valid picture ID attached		
☐ Cleared ☐ Re-process		
□ Other:		MIAMIDADE

