Water Quality Land Management Volunteer Internship Cover Page

The Escambia County Water Quality and Land Management Division provides high-quality technical and scientific management for preservation and enhancement of the county's natural resources. The division's goals are to conserve, restore and protect our natural and built environments through scientifically and ecologically sound and sustainable principles.

FIRST NAME _____ **LAST NAME** _____

E-MAIL ADDRESS _____ **PHONE NUMBER** _____

College _____ **Major** _____

Education Level ☐ *Bachelor's* ☐ *Senior* ☐ *Junior* ☐ *Sophmore* ☐ *Freshman* ☐ *Graduate Program* ☐ *Graduate Degree*

Availability Semester ☐ *Fall* ☐ *Spring* ☐ *Summer*

Availability Day(s) **(7 am - 6 pm)** ☐ *Monday* ☐ *Tuesday* ☐ *Wednesday* ☐ *Thursday* ☐ *Friday*

Areas of Interest

☐ Surface Water Quality Improvements & Monitoring (Field Collection and Monitoring)

☐ Water Quality Lab Services (Shadowing Analysts)

☐ GIS Projects (Water Quality Data Analysis, Basin Studies, Land Use Change, etc)

I understand that:

- I am to complete all 7 pages in Volunteer Intern Packet and submit with resume to be considered a candidate for volunteering at Escambia County Natural Resources Management Department/Water Quality Land Management Division.
- **All signatures must be a wet signature not computer generated.**
- All records and information gathered are the property of Escambia County and, as such, may be subject to public records law.
- I hereby authorize Escambia County to conduct whatever investigation it may deem necessary to determine whether I can become an effective intern. I do herein affirm to the best of my knowledge that these answers and statements are true, correct, and complete.
- I understand WQLM division requires long field days (up to 10 hours a day) and I must commit to at least 1 full day a week.

By signing, I agree to all terms and conditions listed in the above agreement.

Signature _____ **Date** _____

Escambia County Volunteer Agreement and Volunteer Candidate Request Form

I understand that:

- The references listed may be contacted by telephone or email.
- This Volunteer Candidate Request Form in no way obligates me to perform any Volunteer service.
- All records and information gathered are the property of Escambia County and, as such may be subject to public records laws.
- I hereby authorize Escambia County to conduct whatever investigation it may deem necessary to determine whether I can become an effective volunteer. I do herein affirm to the best of my knowledge that these answers and statements are, true, correct, and complete.

By signing I agree to all terms and conditions listed in the above agreement.

FIRST NAME		**LAST NAME**			
ADDRESS					
CITY		**STATE**		**Zip**	
DAYTIME PHONE NUMBER		**ALTERNATE PHONE NUMBER**			
E-MAIL ADDRESS					
CURRENT EMPLOYER					
EMPLOYER ADDRESS					
CITY		**STATE**		**ZIP**	
Are you bilingual?	☐ **Yes**	☐ **No**	**Language(s) Spoken:**		
Education: ***(highest education level reached)***					

HOW DID YOU HEAR ABOUT US?

☐ **ECTV** ☐ **County Employee** ☐ **Citizen's Academy** ☐ **County's Website** ☐ **Word of Mouth** ☐ **News Release** ☐ **Flyer**

☐ **Public Service Announcement** ☐ **Other** _____

[Briefly Explain] Why You Are Interested?	

PLEASE CHECK DAYS AVAILABLE						
☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday

How Often/Frequency?					
☐ Daily	☐ Weekly	☐ Once a month	☐ Twice a month	☐ Other	

Please List Times Available	AM		PM	

REFERENCE #1/NAME						E-MAIL ADDRESS		
TITLE		RELATIONSHIP		TIME KNOWN			PHONE NUMBER	

REFERENCE #2/NAME						EMAIL ADDRESS		
TITLE		RELATIONSHIP		TIME KNOWN			PHONE NUMBER	

TRAINING & EXPERIENCE

PREFERRED VOLUNTEER AREAS	
☐ Community Affairs. The Community Affairs Department is comprised of a variety of community-based projects that enhance the quality of life for our citizens.	☐ Library. WFPL is the community's independent learning center for residents of all ages who live in Escambia County. The library provides free access to reading; audio-visual materials; event programming; and serving as an information portal offering public computing, database and internet access technology.

☐ **Natural Resources Mgmt**. The Department of Natural Resources Management provides a diverse array of vital programs to the community.

☐ **Corrections**. The Corrections Department is comprised of three divisions: Community Corrections, Environmental Enforcement and Animal Control, and the Road Camp.

☐ **Development Services**. The Development Services Department provides professional building, mapping, planning and zoning services to the citizens of Escambia County.

☐ **Human Resources**. The Human Resources Department is responsible for employment, benefits, employee relations, management, policy, administration, and training for Escambia County employees.

☐ **Information Technology**. The Information Technology Department provides an efficient and well coordinated computing environment through integrated systems, local area networks and personal computer systems.

☐ **Management and Budget Services**. The Management & Budget Department is responsible for the primary internal and administrative functions of Escambia County government.

☐ **Parks & Recreation**. The Parks and Recreation Department maintains athletic fields and parks, developed and undeveloped neighborhood parks, beach access parks, boat launch areas, the Equestrian Center, and Lake Stone camping facility.

☐ **Public Safety**. The department that never sleeps - Public Safety is responsible for keeping citizens safe from emergencies and both man-made and natural disasters.

☐ **Public Works**. The Public Works Department is charged with the conservation and preservation of Escambia County's infrastructure, including Engineering, Fleet Maintenance, Facilities Management, Road Department, Transportation & Traffic and Environmental Water Quality.

☐ **Solid Waste Management**. The Solid Waste Management Department provides solid waste disposal and recycling services and educational programs.

Other _____

Other Organizations applicant volunteered:	**1.**	**2.**
	3.	**4.**
	5.	**6.**

_____ _____
[Signature of Applicant] [Printed Name of Applicant]

_____ _____
[Signature of Parent or Legal Guardian] [Printed Name of Parent or Legal Guardian]

_____
[Date]

Return to: Natural Resources Management - 221 Palafox Place, Pensacola, Florida 32502
Phone: 850-595-4988

FOR OFFICE USE ONLY:
[Approval Needed]

Department/Division		
Department Director Approval [signature]		Date
Processed By:		Contact #:
NOTES:		Date

RELEASE OF LIABILITY for VOLUNTEERS AND INTERNS

Name of Volunteer:

_____

I hereby release and agree not to hold liable the Escambia County Board of County Commissioners, its officers, agents, and employees from any and all claims of any kind arising from my service as an intern and/or volunteer.

I further agree to the following:

1. I acknowledge that I am an intern and/or volunteer for the Escambia County Board of County Commissioners and have no expectations of compensation. I understand that the Escambia County Board of County Commissioners may, at any time, for whatever reason, decide to make changes in my assignment or terminate my relationship with the Escambia County Board of County Commissioners. I understand that I may decide to sever my intern and/or volunteer relationship with the Escambia County Board of County Commissioners at any time, and notice of such a decision should be communicated as soon as possible to my supervisor.

2. I understand and agree that while participating in this program, I am not an agent, servant, or employee of the Escambia County Board of County Commissioners, and therefore will not be covered by the Escambia County Board of County Commissioners for any health, death or disability benefits.

3. I agree to release and hold harmless the Escambia County Board of County Commissioners, its officers, agents, and employees from any and all claims of any kind that may arise out of my performance as an intern and/or volunteer. I waive any right of action against the Escambia County Board of County Commissioners in consideration of being allowed to serve as an intern and/or volunteer. Notwithstanding the foregoing, nothing herein shall limit or affect my rights to workers compensation benefits as a volunteer pursuant to Florida Law.

4. I understand and agree to abide by the policies and procedures of the Escambia County Board of County Commissioners relating to the performance of duties and responsibilities assigned to me.

5. I agree that any information I may gain through participation in County activities will be used by me only for my personal educational purposes, except to the extent otherwise required by law.

6. I understand and agree that, in the course of my participation as a volunteer and/or intern with the Escambia County Board of County Commissioners, I may have access to keys and combinations that are confidential because of security concerns. I understand and acknowledge that I will not disclose this information or any other security-related information to any person without prior approval of my supervisor. I understand that my intern and/or volunteer status will be revoked if I make improper disclosure of this or any other security-related information.

7. I understand and grant the Escambia County Board of County Commissioners, its successors, assigns, and licensees, the perpetual right to photograph, film, use and reproduce, as the County desires, photographs and videotapes taken of myself and/or my children during any volunteer activity. I understand that I will not receive any compensation for my participation or my children's participation in the photographs and videotapes and that the Escambia County Board of County Commissioners shall own all right, title, and interest to the photographs and videotapes, including the portions that contain the images and voices of myself and/or children.

8. I agree that should any provision of this Release be found unenforceable, all remaining provisions shall remain in full force and effect. Further, I agree that this Release shall be construed pursuant to the laws of the State of Florida.

I certify that I have read and understood the above agreement as the terms under which I will be allowed to participate as an intern and/or volunteer with the Escambia County Board of County Commissioners.

Intern/Volunteer (Printed Name):	Intern/Volunteer (Signature)
(Printed Name) of Parent or Guardian (If under 18 years of age)	(Signature) of Parent or Legal Guardian (If under 18 years of age)
Department Director (Printed Name): J. Taylor "Chips" Kirschenfeld	Department Director (Signature):
Date:	Date:

**** Signature of Parent/Legal Guardian required if Volunteer is under 18 years of age**

ESCAMBIA COUNTY VOLUNTEER PROGRAM
BACKGROUND SCREENING FORM

(Please Print)

Last Name		**First Name**		**Middle Name**	

Please list all other names you have used (i.e. Alias, Maiden)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Date of Birth	**Month**		**Day**		**Year**

Race (*please check one*)	◯ **Black**	◯ **White**	◯ **Asian Pacific Islander**	◯ **American Indian**	◯ **Other: (specify)**
Sex (*please check one*)	◯ **Male**	◯ **Female**			

Present Address				**City**	
State		**Zip Code**		**County**	
Previous Address (if less than one year at present address)				**City**	
State		**Zip Code**		**County**	

It is the highest priority of the Escambia County Board of Commissioners to ensure the safety of our citizens. In order to provide a safe and secure atmosphere for our community's citizens, volunteers will be screened through the Escambia County Sheriff Department, the Santa Rosa Sheriff's Office, the Florida Department of Law Enforcement (FDLE), or the National Crime Information Center. When possible, Escambia County will incur all costs of the background screenings. All information received from the background check applications and reports returned from either of the agencies mentioned will be used for the purpose of determining applicant's eligibility as a volunteer participant with the Escambia County Board of Commissioners.

No Volunteer Applicant Will Be Accepted Who Has Been:

A. Arrested or convicted of any crime involving sexual misconduct with or against a minor.
B. Arrested or convicted for any type of violent crime.
C. Arrested or convicted of any crime involving illegal drugs or alcohol.
D. Arrested or convicted of child abuse or domestic violence.

All other arrests and convictions will be examined in order to determine whether the incident is related to the volunteer position. In these situations eligibility determinations will be based upon a minimum of the last five years.

Any applicant that is turned away based upon the background screening will be notified by the Division of Human Resources of the findings via certified letter. The volunteer may then provide a written appeal for reconsideration to the program. The volunteer must be willing to discuss with the Volunteer Coordinator and a Human Resource designee his or her previous record(s). Once the volunteer has presented his or her case, the Volunteer Coordinator and the Human Resource designee will decide to uphold or reverse the screening decision. The decision will be final concerning program eligibility.

The Board of County Commissioners reserves the right to make changes to the Volunteer Background Check Guidelines-Eligibility Criteria without notice whenever deemed necessary for the safety and protection of all citizens.

I certify that the above information is true to my knowledge and understand that it will be utilized to obtain a background screening check as a condition of volunteering with the Escambia County Board of Commissioners.

Applicant Signature_____ Date_____

Volunteer Name:_____

Phone Number(s)	
E-Mail Address	

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER

This information is collected so that a supervisor will know whom to contact in the event that a volunteer requires professional medical attention and is unable to communicate. In an emergency, staff is directed to contact 911.

	IN CASE OF EMERGENCY, PLEASE CONTACT:	
REQUIRED	**Name (please print or type legibly):**	
	Relationship to volunteer:	
	Best Phone #	**Alternate Phone #**
	Volunteer Printed Name:	
	Volunteer Signature:	
	Today's Date:	
	OPTIONAL: Physician contact #:	