

## Escambia County Natural Resources Department Supplemental Internship Application

I understand that:

- The supplemental application does not complete my county application. I am to complete the Volunteer Candidate Request Form to complete my application request to intern with the county.
- 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.

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

FIRST NAME				LAST NAMI	E		
E-MAIL ADDRESS				PHON NUME	-		
College				Majo	r		
Level	achelor's Ser raduate Program	nior Junior Graduate De	Sophmoi	re Freshma	n		
Availability AM E	-		Tuesday	Wednesday	Thursday	Friday	Weekends
Availability PM B	lock (12-4)	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
		Di	ivision(s) c	of Interest			
<ul> <li>Marine Resources Division: MRD provides a large array of projects utilizing and expanding on skills and experiences such as GIS, fisheries, coastal plants, coastal morphology, sea turtles, conservation, outreach, etc.</li> <li>Perdido Key Conservation: provides unique field-based experiences working with a variety of protected species as well as utilizes GIS skills. This division also provides education and outreach materials and</li> </ul>				Wa	ter Quality Divi	various learn fie equipm requires	s hands-on field experience collecting environmental data. Participants will eld collection techniques and ent use and monitoring. WQD s long field days (up to 10 hours) and mmit to this time.
	e coastal areas.	Р	roject(s) o	f Interest			
	aphical Informatic	on Systems (G	IS)	Coastal Plant Surveys			
	Water	Quality/ monitor	ing		Perdido Key Conservation		
	Fisher	ies assessments			Education/ Out	reach	

Artificial Reefs

Other interests: describe below

Sea Turtles



### 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.

				T NAME		
			·			
STATE		STATE			Zip	
			ALTERNATE PHONE NUMBER			
E-MAIL ADDR	ESS				-	
PLOYER						
DDRESS						
		STATE			ZIP	
Are you bilingual?		□Yes		Language(s) Spoken:		
ighest education i	level					
		HOW	DID YOU	HEAR ABOU	T US?	
□ ECTV □ County Employee □ Citizen's Academy □ County's Website □ Word of Mouth □ News Release □ Flyer						
Public Service Announcement  Other						
ain] re ?						
	PLOYER DDRESS gual? ighest education l County Employ	DDRESS gual? ighest education level County Employee Citiz ain]	E-MAIL ADDRESS  PLOYER  DDRESS  STATE  gual?  ighest education level  Citizen's Acad  Public	Image: service Arrows and service Arro	ALTERNATE PHONE NUMBER PLOYER DDRESS JDRESS STATE gual? gual? gual? STATE Pyes Ploye State Pyes Ploye Spoken: Spok Spoken: S	ALTERNATE PHONE NUMBER ALTERNATE PHONE NUMBER ALTERNATE PHONE NUMBER I I I I I I I I I I I I I I I I I I I

	PLEASE CHECK DAYS AVAILABLE										
Monday	Tuesday	Wednesday		Thursday		□Fri	iday 🔲		Saturday		Sunday
			Но	ow Often/	Frequenc	y?					
Daily Weekly Don		Once a n	e a month Twice a mor		e a mon	th 🗆	h Dother				
Please List Tir	nes Available	АМ					РМ				
REFERENCE #1,	/NAME					E-MAIL ADDRES	E-MAIL ADDRESS				
TITLE		RELATION	ISHIP		TIME KN	IOWN			PHONE NUMBE		
REFERENCE #2	/NAME				-		EMAIL ADDRES	S			
TITLE		RELATIONSHIP		TIME KNOWN			PHONE NUMBE				
			TRA	AINING &	EXPERIE	NCE				·	
PREFERRED VOLUNTEER AREAS											
Department is	<b>Community Affairs</b> . The Community Affairs Department is comprised of a variety of community- based projects that enhance the quality of life for					ng cent bia Co g; aud rving a	ter for re unty. Th io-visual as an inf	esiden e libra mate ormat	ts of all ry prov rials; e ion por	age age vent tal o	ndependent es who live in free access to programming; ffering public ess technology.

array of vital programs to	gement provides a diverse o the community.	Management the primary Escambia C	nent and Budget Services. The nt & Budget Department is responsible for v internal and administrative functions of ounty government.	
Corrections. The Corre	-		Recreation. The Parks and Recreation maintains athletic fields and parks,	
comprised of three divisi Corrections, Environmen Control, and the Road Ca	tal Enforcement and Animal	developed and undeveloped neighborhood parks, beach access parks, boat launch areas, the Equestrian Center, and Lake Stone camping facility.		
	. The Development Services	□ Public Sa	fety. The department that never sleeps -	
Department provides pro planning and zoning serv Escambia County.	ofessional building, mapping, vices to the citizens of	Public Safety is responsible for keeping citizens safe from emergencies and both man-made and natural disasters.		
Human Resources The	e Human Resources	Public Works. The Public Works Department is		
Human Resources. The Human Resources Department is responsible for employment, benefits, employee relations, management, policy, administration, and training for Escambia County employees.		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.		
Information Technolog	y. The Information	Solid Waste Management. The Solid Waste		
Technology Department provides an efficient and well coordinated computing environment through integrated systems, local area networks and personal computer systems.		Management Department provides solid waste disposal and recycling services and educational programs. Other		
Other Organizations			2.	
applicant volunteered: 1.				
	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)
(Finited Funite) of Futerit of Statistical (Funder To years of uge)	(Signature) of Farent of Legar Guardian (France To years of age)
Department Director (Printed Name):	Department Director (Signature):
Department Director (Timed Name).	Department Director (Signature).
Date:	Date:
Date.	Date.



# 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. 3.		2.	
	5.		6.	
	9.		10.	
Date of Birth	Month	Day	Yea	
Race (please check one)	Black White	e Asian Pacific Islander	American Indian Other: (specify)	
<b>Sex</b> (please check one)	Male	Female		
Present Address		757	City	
State		Zip Code	County	
Previous Address (if less than one year at present address)			City	
State	1	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\_

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:					
	Name (please print or type le					
Q	Relationship to volunteer:					
REQUIRED	Best Phone #		Alternate Phone #			
	Volunteer Printed Name:					
	Volunteer Signature:					
	Today's Date:					
	OPTIONAL: Physician contac	t #:				