



## LEE COUNTY PARKS & RECREATION VOLUNTEER STAFF APPLICATION



Please complete this application to become a registered volunteer.  
 Volunteer Services: 3410 Palm Beach Blvd \* Ft Myers, FL 33916  
[kcahill@leegov.com](mailto:kcahill@leegov.com) \* 239-432-2159 office \* 239-432-2030 fax.

### Your Information

Where would you like to Volunteer?	
Name:	Date:
Address:	
City, State Zip	
Home phone:	Cell phone:
Email address:	
Any Special Accommodations?	
Do you have any relatives who are Lee County Staff members? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If yes, list name and department:	
Have you graduated from High School or equivalent? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Education, volunteer and work experience:	

### Emergency Contact info

Emergency Contact Name:	
Relationship:	Cell phone:

### Lee County requires that a background check on all adult applicants prior to volunteering

Background checks are conducted to protect the public and all staff. Lee County reserves the right to not consider your application.  
 Please provide the following information:

Have you **ever** been convicted of any offense(s) other than minor traffic violations?  
 Example: DUI, petty theft, underage drinking, trespassing, driving while suspended, etc  
 Yes or  No

If yes please explain:

### Lee County Staff Complete

Location/Vol Supervisor:	Volunteer Job:
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Friday, August 27, 2010

**PLEASE SIGN AND COMPLETE the Acknowledgement of Understanding  
and return it with your Registration Form to Volunteer Services.**

**Workers' Compensation for Volunteer Staff**

Lee County Parks and Recreation Volunteers may be covered for medical benefits in case of accident or injury while volunteering under Lee County's Workers' Compensation Program. The insurance is managed by Lee County Risk Management with specific policies and procedures. Please read the following procedures, and sign on the upper portion of this page to indicate that you understand the procedures. If you have questions please call Volunteer Services at 239-432-2159 or 239-707-0876 cell.

Part I – If you are injured in a **WORK-RELATED ACCIDENT THAT IS NOT LIFE THREATNING**, you must do the following:

1. Report the injury to your supervisor or manager immediately.
2. For all injuries that require more than just basic first aid, the injured employee should report to:

Lee Convenient Care Central  
4771 S. Cleveland Avenue (next to Pep Boys at Page Field)  
Hours of operation: 7:00 AM to 7:00 PM, 7-days a week, including holidays  
239-343-9800

Urgent Care of Southwest Florida - Cape Coral  
1708 Cape Coral Pkwy W, Suite 2  
Hours of operation: (M-F)8:00 AM to 8:00 PM, Sat 9am-5pm Sun 11am-4pm  
239-333-3333

Urgent Care of Southwest Florida - Estero  
10201 Arcos Ave Suite 105  
Hours of operation: (M-F) 8:00 AM to 8:00 PM, Sat 9am-5pm Sun 11am-4pm  
239-333-2273

- A. Authorization for treatment must be obtained prior to treatment. Authorization can be obtained through Risk Management 239-533-2309/2310 or through Employee Health Services 239-533-2067.
  - B. Any additional medical treatment such as transfers of care to a specialist would require authorization from your Workers' Compensation Adjuster.
  - C. Prescriptions given to injured employee by authorized physicians can be filled at any local pharmacy. Employees can use the "Prescription Program for Work Related Injuries" form in order to obtain prescriptions or employees are may be required to secure receipts for reimbursement.
3. Complete an "Employee Injury-Illness Report" form and fax a copy to Risk Management at 239-485-2154 and Employee Health Services at 239-485-2094 within 24 hours. The original can follow by inter-office mail.
  4. Employee shall do the following:
    - a. Attend all scheduled appointments with authorized workers' compensation physicians.
    - b. Follow all instructions given to them by the authorized workers' compensation physicians.
    - c. Contact your Workers' Compensation Adjuster and/or Risk Management with concerns about their claim.

Part II – **WORK-RELATED INJURY THAT OCCURS AFTER HOURS, WEEKENDS, OR HOLIDAYS**, which is **NOT LIFE TREATNING**, you must do the following:

1. Report the injury to your supervisor or manager immediately.
2. Follow steps 2b-2c, step 3, and step 4 in Part I.

Part III – **WORK-RELATED INJURY THAT IS LIFE THREATNING AND REQUIRE IMMEDIATE Medical Attention, immediately CALL 9-1-1:**

1. Immediately report the injury to your supervisor or manager.
2. Ask a representative from the hospital to call Risk Management at 239-533-2309 or 239-533-2310 or Employee Health Services at 239-533-2067.
3. Follow steps 2a-2c, step 3, and step 4 in Part I.

*Revised June 2010*

**Acknowledgement of Understanding of Workers' Compensation Procedures**

I understand the policies and procedures for reporting and seeking medical treatment for on-the-job injuries and accidents while volunteering for Lee County Parks and Recreation. I understand that if I do not follow these procedures I may be denied certain benefits and/or may be personally liable for expenses incurred. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature.

**Please Sign that you understand**

Signature:

Print name:



**INFORMATION DISCLOSURE RELEASE**  
**(must complete for background check)**



Name:		Social Security Number:	
Address:			
City, State Zip:			
Birth Date:		Phone Number:	
Driver's License Number:			State:
Other States in which you have had a driver's license in the past ten years:			

I UNDERSTAND pursuant to the requirements of the Fair Credit Reporting Act, a *consumer report* may be made in connection with my volunteer application. If I am denied the opportunity to volunteer, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to me of the name and address of the consumer-reporting agency making such a report. I will also receive a copy of the report and a statement of my consumer rights. I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report at the time of my application, or at anytime during my volunteer service with Lee County. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature

Note: The term "Consumer Report" means a report by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for: (a) credit or insurance to be used primarily for personal, family, or household purposes; (b) employment purposes; or (c) any other purpose authorized by 15 U.S.C § 1681(6)..

**Please Sign that you understand**

Signature:	Date:
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