



LEE COUNTY PARKS & RECREATION VOLUNTEER STAFF APPLICATION 2009

Please complete this application to become a registered volunteer.
Volunteer Services: 3410 Palm Beach Blvd * Ft Myers, FL 33916
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:	
Do you have graduated from High School or have equivalent?	
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 <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If yes please explain:	
Lee County Staff Complete	
Location/Vol Supervisor:	Volunteer Job:

Tuesday, April 28, 2009

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

Workers' Compensation for Volunteers

Lee County Parks and Recreation Volunteers are covered for medical benefits in case of accident or injury while volunteering under Lee County's Workers' Compensation Program. The insurance is a managed care coverage 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.

The Accident and Injury Procedures

In case of an accident or injury while volunteering. These procedures must be followed exactly as stated to ensure workers compensation. You should receive this information in your volunteer welcome packet.

1. For serious and/or life threatening injuries call EMS (911) or get to the nearest hospital.
2. For injuries that require medical treatment Monday through Friday, 7:30 AM to 4:30 PM, call the Occupational Health Nurse at 239-533-2067. The Nurse will refer the volunteer to the appropriate facility.
3. For injuries that require immediate medical treatment which occur after hours or on weekends, go to Lee Convenient Care at 4771 S Cleveland Ave, which is located just north of Page Field Common. Hours are 7am-7pm 7 days a week/closed Christmas. Phone 239-274-7100. If they are closed, go to the nearest hospital.
4. For minor injuries that occur after hours or on weekends, for which medical treatment is not necessary, call the Occupational Health Nurse 239-533-2067 as soon as possible to report the injury.
5. Volunteers who go to a hospital emergency room, please follow up with your job supervisor or Volunteer Services 239-432-2159 (239-707-0876 Cell) at your earliest opportunity. Your job supervisor will complete an Injury Report Form. If a volunteer seeks treatment through his/her own physician, benefits may not be paid.

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:

