



Volunteer Application

7501 North Jog Road
West Palm Beach, FL 33412
Voice: 561-697-2700 ext. 4700
Fax: 561-640-3400
Web Page: www.swa.org

Personal Information:

Date: _____
First Name: _____ Last Name: _____ Middle: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell: _____ Fax: _____
E-mail: _____ Date of Birth _____

Education:

Years of education completed: 8 9 10 11 12 13 14 15 16 17 18+ Course of Study: _____

Background Information:

Driver license number: _____ State: _____ Auto Insurance company: _____
Have you ever been arrested for a crime and/or incarcerated? yes no
If yes, please explain (use additional paper if necessary): _____

Employment Record:

Present employer: _____ Occupation: _____
Business address: _____ Immediate Supervisor: _____
City & Zip: _____ Years employed: _____
Previous employer: _____ Occupation: _____
Business address: _____ Immediate Supervisor: _____
City & Zip: _____ Years employed: _____

Personal/Professional References:

Business Name: _____ Contact Person: _____ Daytime phone: _____
Address: _____ City: _____
State: _____ Zip: _____ Years known: _____
Personal Name: _____ Daytime phone: _____
Address: _____ City: _____
State: _____ Zip: _____ Years known: _____

Emergency Contact Information:

Person to contact in case of emergency: Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Home phone: _____ Work phone: _____ Other Phone: _____

Areas of Interest:

Indicate which areas you would like to volunteer for our agency?

- Neighbor to Neighbor Sharing our messages and programs to your family, friends, neighbors and co-workers
- Green Team Working special events to help distribute educational information to residents
- Administrative Support Performing various duties such as: clerical, video shoots, scanning negatives, data entry, assisting with computer problems, installing programs and much more.
- Adopt-A-Spot Beautifying a designated spot in Palm Beach County
- Internship Available to Palm Beach County high school and college students, selected students work as non-paid interns to assist SWA departments with tasks determined by the department.
- Other: _____

How did you learn about our program? _____

Are you fluent in any language other than English? Yes No Read? Yes No Write? Yes No

Which language? _____

What do you expect to gain and to give as a volunteer? _____

Please check the subjects/jobs/skills that interest you:

Clerical

- Typing
- Filing
- Copying
- Mailings
- Phone Work

Computers

- Data entry
- Word
- Excel
- Access
- Desktop Publishing
- Web Design
- Other _____

Communications

- Public Speaking
- Public Relations
- Marketing

Other

- Accounting
- Making Decisions/Policies
- Planning Special Events
- Newsletter
- Art/Craft Projects
- Environmental Issues/Projects
- Other _____

List any other skills, hobbies or interests you have that might be helpful in your volunteer work: _____

By signing this application, you are giving us permission to contact you regarding volunteer opportunities with the Solid Waste Authority of Palm Beach County. If you move or your interests change, please contact us so we can update your file. Thank you for your interest in volunteering.

Signature of applicant: _____ Date: _____

If under age 18:
Signature of parent/legal guardian: _____ Date: _____



FOR OFFICE USE ONLY	
<input type="checkbox"/> Application Received.....	_____
<input type="checkbox"/> Background Check.....	_____
<input type="checkbox"/> Entered into VolunteerWorks.....	_____
<input type="checkbox"/> Volunteer Manual.....	_____
<input type="checkbox"/> Folder/File.....	_____
<input type="checkbox"/> T-shirt size.....	_____

Authority to Release Information

To Whom It May Concern:

I hereby authorize the Volunteer Coordinator, or authorized representative of the Solid Waste Authority of Palm Beach County, bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my driving record, employment records, criminal records or personal references not limited to: achievement, attendance, personal history and disciplinary records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Solid Waste Authority Volunteer Program. Should there be any questions as to the validity of this release, you may contact me as indicated below:

Full name: _____
Signature: _____ Date: _____
Address: _____ City: _____ Zip: _____

If under age 18:
Name of parent/legal guardian: _____ Date: _____
Signature of parent/legal guardian: _____

Volunteer Waiver & Release of all Claims

To the extent provided in Chapter 440 of the Florida Statutes, I hereby fully and forever waive, release and relinquish any and all claims, demands and actions whatsoever that I may have or may accrue to me against the Solid Waste Authority of Palm Beach County, its officers, agents, volunteers and employees arising out of this activity and/or any volunteer associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend the Solid Waste Authority of Palm Beach County from any and all claims and actions resulting from injuries, damages and losses sustained by me or my child and arising out of, connected with, or in any way associated with this activity.

I have read this agreement fully and understand its content and sign it of my own free will. I further certify that I am eighteen (18) years of age or older or the parent/legal guardian of a minor participant.

Name: _____ Date: _____
Signature: _____

If under age 18:
Name of parent/legal guardian: _____ Date: _____
Signature of parent/legal guardian: _____

Photo and Press Release

I _____, do hereby give the Solid Waste Authority of Palm Beach County, their assigns, licenses and legal representatives the irrevocable right to use my name (or any fictionally name), picture, portrait, photograph, visual and voice recording and likeness in all forms and media and in all manners, including photo, film, audio and video representations, for nonprofit, public purposes, and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I have read this release and am fully familiar with its contents.

Name: _____ Date: _____
Signature: _____

If under age 18:
Name of parent/legal guardian: _____ Date: _____
Signature of parent/legal guardian: _____

**FLORIDA WORKERS' COMPENSATION
SPECIAL DISABILITY TRUST FUND, 440.49, F.S.
SOLID WASTE AUTHORITY OF PALM BEACH COUNTY
VOLUNTEER INFORMATION FORM**

Chapter 440, Florida Statutes, provides recovery from the Special Disability Trust Fund where an injury merges with a pre-existing permanent impairment to cause a greater disability than would have resulted from the injury alone. However, in order to recover from the Fund, the Solid Waste Authority of Palm Beach County must have knowledge of the impairment prior to the occurrence of the compensable injury. In addition to a general category of impairments, there are certain specific impairments outlined by the above statutes. Therefore, the following questions are to be answered by each volunteer.

NAME _____ SS# _____ HT _____ WT _____

1. Have you ever had a serious illness, injury or operation?..... Yes No
2. Have you ever received Worker's Compensation benefits for an injury? Yes No
3. Do you now have, or have you ever had, any disability rating, either temporary or permanent assigned to you by any doctor, insurance company or governmental agency, either Federal, State, County, or City? Yes No
4. Do you now have, or have you ever had, any physical handicap, disability, permanent physical or permanent psychological problem, including the following? If so please check boxes.

- | | | |
|---|--|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiac Disease |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Vascular Disorder | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Hyperinsulinism | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Thrombophlebitis | <input type="checkbox"/> Total Deafness | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Chronic Osteomyelitis | <input type="checkbox"/> Marie-Strumpell Disease |
| <input type="checkbox"/> Other _____ | | |

5. Have you ever had or do you now have, back or neck trouble or complaints? Yes No
- If yes, explain in detail _____
- _____
- _____

6. Have you ever had:
- a. Amputation of foot, leg, arm or hand?..... Yes No
- b. Total loss of sight in one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally? Yes No
- c. Herniated intervertebral disc? Yes No
- d. Surgical removal of an intervertebral disc or spinal fusion? Yes No
- e. Residual disability from poliomyelitis?..... Yes No
- f. Psychoneurotic, emotional or nervous disorder? Yes No
- g. Ankylosis of a major weight-bearing joint? Yes No
- h. Any permanent physical condition which constitutes a 20 percent impairment of a member, or of the body as a whole? Yes No
- i. Asthma or chronic bronchitis? Yes No

Explain all YES answers. (Use back of this form or additional sheets if needed) _____

To the best of my knowledge, this medical history is complete and accurate.

Signature of Volunteer Date

Volunteer Coordinator Date