



POLICY NO. 28-01

Volunteer Policy

(Replaces Policy Adopted 12/13/2011)

Policy Statement

Hernando County recognizes that volunteers are essential to the productivity, efficiency and cost effectiveness of Hernando County government. This policy establishes policies and procedures to enable Hernando County to utilize volunteer services, reduce volunteer risk and protect the interests of Hernando County, its volunteers, and the community it serves. This policy applies to all volunteers under the Board of County Commissioners and the Supervisor of Elections. Volunteers in the Sheriff's Office will be covered under the Citizen Corps Volunteer Policy and Procedures Program administered by the Sheriff's Office. The Property Appraiser, Tax Collector and Clerk of Circuit Court maintain their own volunteer policies and procedures.

Procedure

A. Volunteer Categories:

1. **Advisory Board and/or Other Committees:** Refers to all volunteer positions serving on advisory bodies established by Hernando County pursuant to Policy No. 06-01.
2. **Occasional-service volunteer:** a volunteer that provides less than 24 hours annually.
3. **Regular-service volunteer:** a person in specific voluntary service activities on an ongoing, continual basis and exceeds 24 hours annually.
4. **Special Event Volunteer:** a volunteer to be used to support a specific event that may last a day or up to a week. These volunteers do not typically serve on a continuous basis or a regular assignment.
5. **Court-Ordered Community Service:** Hernando County may provide volunteer opportunities, at its discretion, for court-ordered volunteers for community service.

B. Background Screening Levels and Requirements:

Advisory Board and/or Other Committees Screening: Board Committee Application Form and Background Consent/Release Form. (Board Application is available online or through County Administration).

Basic Screening: Application Form, Background Consent/Release Form, Volunteer Waiver of Liability and Release Form, and local background checks.

Level 2 Screening: Application Form, Background Consent/Release Form, Volunteer Waiver of Liability and Release Form, FDLE Background Check, and Fingerprinting – as required by the Jessica Lunsford Act.

C. Background Screening Levels by Volunteer Categories:

- Advisory Board and/or Other Committee Screening for Category 1
- Basic Screening Required for Category 3
- Level 2 Screening Required for any category involving work with children on school grounds pursuant to Chapter 1012.465, Florida Statutes (The Jessica Lunsford Act)
- Volunteer Waiver of Liability and Release Form must be completed for volunteers in Categories 2, 4 and 5 at the time they report for service

Note: Motor Vehicle Record checks will be done for all volunteers who drive county vehicles. Department must notify Risk Management, in advance, of which volunteers will be driving county vehicle.

D. Volunteer Service Program and Process:

1. Departments requesting assistance with recruiting a regular service volunteer must complete a Volunteer Requisition Form and send it to Human Resources to explain the type of volunteer needed and outline the duties and qualifications for the position.
2. Failure to submit required paperwork per item C above prior to or at the beginning of their service will preclude a county department from using any volunteer. If a year has elapsed since the volunteer has worked, the volunteer must reapply and submit a new Volunteer Waiver of Liability and Release Form.
3. **Selection Process/Background Checks**

Any applicant to be considered for a volunteer position must meet the minimum requirements as requested by the department. Applications for Categories 2 through 4 received by Human Resources will be forwarded to the department for review and selection.

Applications for Category 1 received by County Administration will be forwarded to the individual authority boards/committees for recommendation to the Board of County Commissioners for placement on vacant board/committee.

In order to ensure the safety of the public and reduce liability, different types of background checks will be completed on volunteer applicants depending on the nature of the position for which the volunteer is applying. The determination for which screening method will be used depends on the category of volunteer position (see Section C above). The County complies with federal, state and local requirements concerning background checks and screening.

Once the requesting department selects an applicant, Human Resources will begin the screening process, including background checks, reference checks, and fingerprinting as required by the policy.

Once the Board of County Commissioners selects someone to replace the vacant position(s), County Administration will conduct the background check.

Volunteers who refuse permission to conduct a background investigation at the County's request will not be accepted for placement.

Hernando County understands that criminal databases are not perfect, and a record check sometimes will falsely identify a person as having committed a crime. For this reason, applicants will be provided a copy of any record that the County may use to deny the service of a volunteer, and the applicant will be given an opportunity to challenge the accuracy of the information. In order to receive this copy, the applicant must provide identification.

In accordance with Chapter 1012.465, Florida Statutes (The Jessica Lunsford Act), Hernando County shall require any and all volunteers who are permitted access on school grounds when students are present and who have direct contact with students to have a Level 2 Background Screening. The Department requesting the volunteer will assume the cost of Level 2 screening unless otherwise arranged.

Once the applicant has successfully passed all screening and background checks, Human Resources will notify the department. No volunteer shall begin their volunteer service until they have completed all necessary screening and paperwork. It is the department's responsibility to contact the volunteer and arrange a work schedule.

Once the board/committee member's background check is completed, County Administration will notify the department associated with the board/committee.

4. *Orientation/Training*

Orientation for all volunteers will be conducted by Human Resources. For board/committees, additional orientation may be conducted through County Attorney's Office, County Administration, Risk Management, Workers Compensation and any other departments. This orientation will be completed prior to the first meeting of that board/committee.

All volunteers will be presented with a job description that outlines their duties.

Departments will be responsible for providing a volunteer with specific training towards their job duties with the department.

5. *Identification Badges*

Category 3 volunteers as described in Section A above will be required to wear a County volunteer identification badge during their volunteer service, unless otherwise specified by the department or Human Resources. Human Resources shall provide the identification badges. There will be a \$5.00 replacement charge for a new volunteer badge. For all other volunteers, departments shall provide identification as appropriate.

E. Volunteer Responsibilities and Age Restrictions:

1. *Responsibilities of County Volunteers*

Volunteers will be expected to work as scheduled, be on time, dressed appropriately, and follow all procedural and related safety rules as dictated by Hernando County and exhibit ethical and professional behavior. Failure to do so will result in the volunteer being released from the position.

2. *Volunteers Who Are Minors*

Youth volunteers under the age of 18 may volunteer only if the parent or guardian signs the volunteer application form and a release form. Minors must show proof of age by driver's license, state identification, or birth certificate, etc. Minors may not operate equipment or perform any hazardous jobs that put their health and safety at risk.

F. Professional Services:

Volunteers shall not perform professional services for which certification or licensing is required unless currently certified or licensed. A copy of such certificate or license must be on file with Human Resources.

Attachments:

Volunteer Requisition

Volunteer Service Application (*For Categories 2 through 5*)

Background Consent/Release Form (*For All Categories*)

Waiver of Liability and Release Form (*For Categories 2 through 5*)

Adopted: 1/14/2014 (*Replaces Policy Adopted 12/13/2011*)

**HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS
VOLUNTEER REQUISITION**

All Information Must Be Complete before Position is Posted

DESCRIPTION OF NEED			
Number of Volunteers:		Dept # / Location:	
Status:		Weekly Hours:	
Days of Week:		Shift Hours:	
If needed on a temporary basis dates needed:		To:	From:

REQUIREMENTS	
Basic job functions: (attach job description for complete list of duties)	

SPECIAL REQUEST	
Foreign Language(s)	
Specific Experience	

RECRUITMENT PLAN			
Desired Opening Date:		Desired Closing Date:	

APPROVAL			
Director Signature		Date:	
Community Relations		Date:	

HUMAN RESOURCES USE ONLY			
Class Code:		Position Filled By:	

**HERNANDO COUNTY GOVERNMENT
VOLUNTEER SERVICE APPLICATION**

(Please type or print clearly)

Attention: Volunteer Applicants Under the Age of 18 years – A parent or legal guardian must complete the Minor Release Form (Section IV) of this application.

SECTION I: General Information

TODAY'S DATE: _____ Email Address: _____

NAME: _____ PHONE # (H) _____

ADDRESS: _____ PHONE #(C): _____

DATE OF BIRTH: _____ FL. DRIVER'S LIC. # _____ EXP. DATE _____

STUDENT? ___Y___N If Yes, name of school _____

EMPLOYED? ___Y___N If Yes, name of employer _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____

EMERGENCY CONTACT'S PHONE NUMBER (inc. area code) : _____

HAVE YOU VOLUNTEERED FOR HERNANDO COUNTY BEFORE? ___Y___N

If yes, in what capacity? _____

When did you volunteer? _____

PLEASE INDICATE IF YOU HAVE COURT-ORDERED COMMUNITY SERVICE HOURS:
___Y___N If yes, how many hours _____

What is the charge? _____

County Government office/area where you wish to volunteer: _____

Volunteer experience: _____

Employment History: (Last 3 employers):

<u>Dates</u>	<u>Company Name/ Your Title</u>	<u>Supervisor's Name/Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills/Talents/Hobbies: _____

Day/Times Available (circle day and note time) Sun/____ Mon/____ Tues/____
Weds/____ Thurs/____ Fri/____ Sat _____

Are you volunteering to work a specific event? ___Y___N

If yes, what is the event: Name/Date: _____

Section II: Background Checks/Screenings

Have you ever been convicted of a felony or a misdemeanor (or similar offense) by court martial or plead nolo contendere (no contest) to such an offense, or plead guilty to such an offense (including all instances of the foregoing, even if adjudication was withheld or if you were placed on probation)? Yes No If yes, state the court, crime committed, disposition of case, and dates:

Are criminal charges pending against you? yes no If yes, please supply details: _____

Release: I understand that a background check may be conducted. I also understand that the results of the background check will be used in making a decision concerning my suitability as a volunteer for Hernando County. All background checks will be treated as confidential. Should a disqualifying offense be found, I will be given the opportunity to verify information and correct errors. Final decisions will be made by Hernando County management on suitability for volunteer status.

I agree to a background check I do NOT agree to a background check

Signature of Applicant

Printed Name

Section III: Release Form (To be completed by all applicants)

Name of Applicant: _____

Today's Date: _____

I, the above-named applicant, agree to act as a volunteer for Hernando County Government (the "County"). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a volunteer basis, without any pay, compensation, or benefits. I agree to comply with the rules and regulations established by the County to include, but not limited to, accurate recording of volunteer hours. Failure to comply with the rules and regulations may result in my immediate removal as a volunteer. If I am convicted of or plead no contest to a crime during my tenure as a volunteer, I agree to notify the Volunteer Coordinator immediately.

I understand that during the course of my volunteer activities, I may come into contact with individuals who have not received a background screening.

I agree I do NOT agree

Signature of Applicant

Printed Name

Disqualifying Offenses

Applicants guilty of the following disqualifying offense(s) shall be denied coaching/volunteer privileges. Guilty means that a person was convicted following a trial; or entered a guilty or nolo contendere (no contest) plea, regardless of whether there was an adjudication of guilt or a withholding of adjudication. This definition does not include criminal charges which resulted in successful completion of a pre-trial intervention program where there was no plea or a plea of innocent to the charge; acquittal, nolle prosequere; or dismissal of all charges.

1. All sex offenses regardless of the amount of time since offense.
2. All felony violence offenses regardless of the amount of time since offense (includes burglary)
3. All felony offenses within the past eight (8) years (other than violence or sex)
4. All misdemeanor violence offenses within the past six (6) years
5. All misdemeanor drug and alcohol offenses within the past two (2) years or multiple (more than one) offenses in the past six (6) years.
6. Any other offense, whether misdemeanor or felony, within the past fifteen (15) years that would be considered a potential danger to children or directly related to the functions of that volunteer.
7. Other acts the Department determines are grounds for disqualification.

Section IV: Minor Release Form (This section is to be completed by parent or legal guardian if applicant is less than 18 years old)

Name of Parent or Legal Guardian: _____

Relationship to Minor Applicant: _____

Name of Minor Applicant: _____

Phone Number of Parent or Guardian (include area code): _____

E-Mail Address of Parent or Guardian: _____

Today's Date: _____

I, the above-named parent or guardian, being the parent or legal guardian of the above-named minor applicant (the "Minor"), hereby consents and authorizes the Minor to act as a volunteer for Hernando County Government. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established by the County, to include, but not limited to accurate recording of volunteer hours. Failure to comply with the rules and regulations may result in the Minor's immediate removal as a volunteer. If the Minor is convicted of or pleads no contest to a crime during the Minor's tenure as a volunteer, both the parent and Minor agree to notify the volunteer coordinator immediately.

I understand that during the course of the Minor's volunteer activities, he/she may come into contact with an individual who has not received a background screening.

_____ I agree _____ I do NOT agree

Signature of Parent/Guardian

Printed Name

**Submit Application to:
Human Resources Department
Hernando County Government Center
20 N. Main Street, Room 264, Brooksville, FL 34601
(352) 754-4013**



Hernando County Volunteer Waiver of Liability and Release Form

I, the undersigned, agree to volunteer for Hernando County in the Volunteer Program. I understand that the activities involved in participating in the Program contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition. I agree to indemnify and hold Hernando County, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may result from my participation in the volunteer activities. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the County.

I further agree to release, waive and discharge, and covenant not to sue the County, its officials, employees or volunteers for any claims, demands or actions whatsoever arising out of any damage, loss, injury or death to the undersigned participant that may result from participating in the Volunteer Program described herein. This release of liability and indemnity applies to undersigned participant, as well as any personal representatives, assigns, heirs and next of kin.

I further understand that during the course of my volunteer activities, I may come into contact with individuals who have not received a background screening.

In accordance with Florida Statute, Chapter 440.02 (6), volunteers working for a governmental entity are eligible for workers' compensation benefits with the exception of Court ordered community service volunteers.

Further, I agree to perform the volunteer service in compliance with the standards and specifications established by the County, and I understand my volunteer services can be terminated at any time, and for any reason.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive and I sign this waiver and release voluntarily.

I grant Hernando County full permission to use my photographs, videotapes, or any other manner of recording my participation in this Program for any purpose.

Printed name of Volunteer

Signature

Date

Signature
(Parent or Legal Guardian if under 18)

Date

Contact Information:

Name: _____ Address: _____

Phone No. _____ Email: _____

Emergency Contact #1: _____ Relationship: _____

Phone No. _____

Emergency Contact #2: _____ Relationship: _____

Phone No. _____



Hernando County Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that an investigative report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

PERSONAL INFORMATION

Legal Name: _____

Date of Birth: _____

Other Names Used: _____

(Legal Name) First M.I. Last

Dates Used (from/to): _____

Home Phone #: _____

Cell Phone #: _____

E-mail Address: _____

Are you 18 years of age or older? Yes No

GEOGRAPHIC INFORMATION

Current Address: _____

City, State, Zip : _____

Time at this address: _____ Years _____ Month

Previous Address: _____

City, State, Zip : _____

Time at this address _____ Years _____ Month

By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

Applicant's Signature

Date