

Affidavit of Volunteer Service

I understand that I am not an employee of Miami-Dade County (the "County") and will not receive payment for my volunteer services. I understand that as a volunteer I am covered under the Workers' Compensation Laws of the State of Florida as outlined in Chapter 440 of the Florida Statutes. I further agree to immediately notify the service site supervisor if I am injured in the performance of my volunteer duties.

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "life guarding" services or use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director.

By signing this request, I additionally certify that I am aware that the Department will make the appropriate inquiries into my background as prescribed by Florida Statute 943.04351 (2004) and Chapter 26, Section 39 of the Miami-Dade County Code. If violations are found, I agree that I shall be prohibited from performing volunteer services on park property owned or operated by Miami Dade County in accordance with Chapter 26, Park and Recreation Department Rules and Regulations, Section 38, Background Checks Required for Child Event Workers, Park Vendors, and Programming Partners of Community Based Organization (CBO) Employees and Volunteers.

I further agree to report any arrest within forty-eight (48) hours of such arrest.

In exchange for the opportunity to perform volunteer services for the County, and the County's permission to access certain County facilities for this purpose, and for other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby releases, indemnifies and saves harmless the County, its officers, officials, agents, employees, successors and assigns, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly, from the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto. I declare that all the information provided on the Volunteer application is true, and I understand that any falsification or misrepresentation may result in my exclusion from the County's volunteer program.

Volunteer Printed Name: _____

Volunteer Signature: _____

Date: _____