

MIAMIBEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov
 HUMAN RESOURCES DEPARTMENT
 Tel: 305-673-7524, Fax: 305-673-7529

Volunteer/ Internship Community Service Application

Please Print Carefully

Name		Date
Address		
City	State	Zip Code
Home #	Work #	
Cell #	Email Address	
Florida Driver License #	Other DL #	
Current Occupation Title		
Employer Name		
Social Security Number (Required)	Date of Birth	
Are you a seasonal resident	(Please circle yes or no)	YES NO
I am in town from (Approximate dates) from		To
I am looking to (Please circle one) Volunteer or Internship		
I need	community service hours to graduate	High School.
I have been ordered by the court system (due to an offense) to do community service hours with a non-profit organization. YES NO		
What was the offense	?	
What area did your offense occur? City, County, and State		
. I need (How many		
hours)	hours of community service hours to be completed on or before	
(Date)		
Experience in (Check all skills that pertain to you) Clerical Type WPM		
Spreadsheets/Charts	Customer Service	Marketing Carpenter
Receptionists	Commercial Painting	Commercial Mechanic Art
Teacher	Engineering	Accounting Athletics Legal
I am looking to work with department if possible.		
My desired city facility and location		
Describe any special skills and/or training you have that could be helpful for the volunteer, internship, or community service program -		
Describe previous volunteer work experience (Agency, Date and Duties Performed)		
Agency name	Date	Duties performed

CITY OF MIAMI BEACH
AUTHORIZATION AND RELEASE – BACKGROUND INVESTIGATION

I hereby **CONSENT** for any duly authorized representative of the City of Miami Beach Police Department or Human Resources Department and Risk Management Department or Representative bearing this release or a copy thereof to obtain any information or records from persons, corporations, agencies, associations, institutions, organizations or any internet and social medial websites, databases or web-based platforms as may be relevant and necessary to determine my fitness and suitability for employment consideration with the City of Miami Beach for the below classification(s).

Position (s) you are applying for: _____

Such information and records may include, but are not limited to, those pertaining to abilities, affiliations, character, general reputation, personal characteristics, mode of living, credit and finances (including consumer reporting agencies that assemble and evaluate consumer report information), education, employment, family, insurance, judicial and law enforcement records, memberships, mental health, military, and motor vehicle operation and traffic history.

I hereby **AUTHORIZE** and direct you to release such information and records upon request to bearer. This authorization is executed with full knowledge and understanding that:

1. Records and information disclosed shall be for official evaluation of my employment application by the City of Miami Beach, and are used as selection criteria **ONLY** where related to performance of the job(s) for which I have applied.
2. The City of Miami Beach will take measures to protect the aforementioned information and records against unauthorized disclosure.
3. Certain non-exempt portions of the background investigation process may be made available for inspection by third parties pursuant to the public records and other laws.
4. The City of Miami Beach can and may investigate the information and record mentioned above at any point in my employment with the City of Miami Beach, as a part of a disciplinary investigation; to confirm that I meet the minimum requirements of the position I am in; for purposes of conducting an updated background investigation when being considered for a change in my employment status/classification; or as deemed necessary by the City of Miami Beach for any legitimate purposes.

I hereby **RELEASE** the custodian of such records, including the City of Miami Beach and aforementioned persons, corporations, agencies, associations, institutions, organizations, and their employees, agents, and representatives, both individually and collectively, from any and all liability for damages by me, my heirs, family, or associates resulting from lawful compliance or any attempts at lawful compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

I certify that all of the information on this application and on any documents I submitted is true, accurate and complete to the best of my knowledge. I understand that all information and documents are subject to investigation and that exaggeration, falsification, misrepresentation, or omission is sufficient cause for disqualification, immediate dismissal from City Service and/or disqualification from applying for any position in the service of the City of Miami Beach. I also certify that I understand all information on the job announcement and that this application and accompanying documents are considered to be public records unless otherwise exempt under Chapter 119, Florida Statutes.

The City of Miami Beach is an equal opportunity/drug free employer and does not discriminate on the basis of an individual's race, sex, condition related to sex (pregnancy), color, religion, national origin, age (40 and over), disability, marital status, familial status, citizenship, intending citizenship status and/or sexual orientation. No persons shall be denied employment solely on the basis of their disability, and the City will make every reasonable effort to accommodate such disability in the work setting. The above factors are **NOT** used as selection criteria, except in the rare instance where such factors are bona fide occupational qualifications. The above information may be used, however, as identification factors in conducting the background investigation. Information and records, such as those listed in the "AUTHORIZATION AND RELEASE" form, will be obtained by letter, telephone, personal interview with primary and secondary sources, and other means as deemed necessary and appropriate.

I understand that I have been scheduled for appointments for a physical examination, polygraph, or other background procedures. I UNDERSTAND THAT I MUST ATTEND THE INITIAL APPOINTMENT SCHEDULED FOR MY MEDICAL EXAMINATION, AND I MUST RETURN IN TWO DAYS FOR A FOLLOW UP EXAMINATION. I FURTHER UNDERSTAND THAT IF I DO NOT ATTEND MY APPOINTMENT(S) AS SCHEDULED, THAT I AM DECLINING ANY INTEREST IN EMPLOYMENT WITH THE CITY OF MIAMI BEACH. I understand and acknowledge that my employment is contingent upon my successfully completing all background and medical processing. I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources and Risk Management Department. If I cannot be contacted, I may forfeit my eligibility for employment.

FOR CURRENT CITY EMPLOYEES: I further understand that if I am applying for a promotion within the City that my continued employment and promotion is contingent upon my meeting (1) the background requirements for my current position and (2) any additional background requirements for any new classification.

I understand that City employees are expected to adhere to all applicable Federal, State and Local laws, regulations, ordinances, policies, rules, procedures, and any other governing document regarding the responsibilities described in the job description for the position I am applying for.

I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS EXPLANATION AND JOB DESCRIPTION FOR THE POSITION I AM APPLYING FOR. AND THAT I AM ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE CLASSIFICATION I AM APPLYING FOR, WITH OR WITHOUT ACCOMMODATIONS.

The information and records obtained may be used as selection criteria for the position for which I have applied and am being considered, except those materials that are protected and legally cannot be taken into consideration surrounding a hiring decision. I CERTIFY THAT ALL THE INFORMATION ON THIS DOCUMENT IS TRUE, ACCURATE, AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

APPLICANT NAME – PLEASE PRINT

APPLICANT SIGNATURE

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

DATE

**CITY OF MIAMI BEACH, FLORIDA
RELEASE AND HOLD HARMLESS AGREEMENT**

STUDENT INTERN (Adult)

This Release and Hold Harmless Agreement is executed by _____, hereinafter referred to as "Releasor".

The undersigned Releasor specifically and expressly acknowledges that he or she will be acting as a City of Miami Beach, Florida, Student Intern Volunteer. The Releasor's responsibility will be of a routine office nature in an effort to provide Releasor with practical experience and the City of Miami Beach with support in meeting its mission, vision and values.

The undersigned Releasor, on behalf of himself or herself, and also on behalf of his or her personal representative, heirs, next-of-kin and assigns, freely and of his or her own volition, specifically agrees to remise, release, forever discharge and hold the City of Miami Beach, Florida, its successors, assigns, servants, employees, elected and appointed officials, (all hereinafter collectively referred to as "Releasee"), harmless from any and all claims, actions, demands or damages, including but not limited to, accidents, injury, death or damage to his or her person or property, arising or resulting from Releasor's participation as a Student Intern Volunteer.

Releasor, on behalf of himself or herself, expressly agrees that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and affect.

Releasor, on behalf of himself or herself, further gives permission for first aid to be rendered, if necessary, and further releases Releasee from any claim whatsoever on account of said first aid, treatment, or services rendered during his/her participation in the aforestated Student Intern Volunteer Program.

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital.

RELEASOR FURTHER STATES THAT HE/SHE HAS CAREFULLY READ THIS AGREEMENT AND UNDERSTANDS ITS CONTENTS AND MEANING AND FULLY REALIZES THAT PARTICIPATION IN THE AFORESTATED STUDENT INTERN VOLUNTEER PROGRAM MAY EXPOSE HIM OR HER TO DANGERS AND HAZARDS WHICH MAY ARISE IN CONNECTION WITH THE AFORESTATED ACTIVITIES AND SIGNS THIS RELEASE AS HIS/HER OWN FREE AND VOLUNTARY ACT.

Dated this _____ day of _____, 20__

Releasor

Print Name

Address

Telephone Number

Witness

Print Name

Witness

Print Name