



DAVIE POLICE DEPARTMENT VOLUNTEER APPLICATION



1230 South Nob Hill Road
Davie, Florida 33324
(954) 693-8200

A Volunteer Application must be completed for an applicant to be considered to volunteer at the Town of Davie Police Department or Police Athletic League. Please answer each question. If the question does not apply, indicate N/A. If the space available is insufficient, please attach additional sheets as required. Please PRINT CLEARLY in ink or TYPE all information. Your social security number and date of birth is requested for the purpose of conducting a background screening and will be used solely for this purpose.

Name (Last, First, MI): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cellular: _____

Email Address: _____ Driver's License/State ID Number: _____

Social Security Number: _____ Date of Birth: _____

- I AM AWARE** that volunteering for the Town of Davie Police Department involves risk of personal injury, property damage, and other risks associated with volunteer service.
- I RELEASE** the Town of Davie Police Department from any and all liability for all loss, damages, and claims, (including attorney fees and costs), resulting from injury to the person listed below or to his or her property arising from the volunteering services.
- I HEARBY HOLD HARMLESS** the Town of Davie Police Department and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for the Town of Davie Police Department.

These releases are effective for the applicant listed below, his or her personal representatives, assigns, heirs, guardians.

- I HEARBY** confirm, represent and warrant that I have never been convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape of or sexual offense of any kind or any other violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.
- I UNDERSTAND** I am fully and completely responsible for all healthcare expenses incurred by me if I become injured while participating in the Town of Davie Police Department's Volunteer Program, and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.
- FURTHERMORE**, I agree to utilize my own vehicle for transportation to and from the Town, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and anyone else in my vehicle. I agree not to provide transportation for any of the children that are attending any of the programs for which I volunteer. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.
- I ASSUME FULL RESPONSIBILITY FOR** any and all claims and costs(including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering for the Town of Davie Police Department.
- FUTHERMORE**, I authorize the Town of Davie Police Department to use my name and give any organization involved with the Town of Davie permission to photograph me. I understand that the Town of Davie has permission to use my name, photographs/videotapes, likeness, image, voice or biography in all media, publications, advertising and for publicity purposes in connection with my participation with the Town of Davie Police Department Volunteer Program related activity or project unless written notice is received to the contrary.
- I CERTIFY that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the Town of Davie Police Department from any liability whatsoever for supplying such information. I understand that a volunteer is not an employee of the Town of Davie and I will not be paid for services in this capacity.**

I have carefully read and understand completely the above provisions and voluntarily sign the release and indemnity agreement.

Signature: _____ Date: _____

Guardian, if under 18: _____ Date: _____



Volunteer Personal Information
(Please print or type)

(Last Name) (First Name) (Middle)

(Number and Street) (Apartment/Unit)

(City) (State) (Zip)

Home Telephone #: _____ Personal Cell Phone #: _____

In Case of Emergency contact:

Name: _____

Relationship: _____ Home Phone #: _____

Address: _____

Work Address: _____

Cell Phone #: _____ Work Phone #: _____

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Schedule available for volunteering:

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

List any experience or skills that may assist us in placing you in a particular division/unit:

Davie Police Department
RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT

INSTRUCTIONS: Complete one for each participant.

DESCRIPTION OF ACTIVITY: _____

DATE OF ACTIVITY: _____

PARTICIPANT'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE # _____ CELLULAR # _____

EMERGENCY CONTACT (include relationship): _____

HOME _____ WORK # _____

PHYSICIAN'S NAME _____ PHONE # _____

The undersigned agrees that the Town of Davie Police Department and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of my participation in the City Wide Volunteer Program, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of volunteering for the Town of Davie Police Department.

Further, the undersigned **WAIVES ANY CLAIM** against the Town of Davie Police Department and its officers, agents and employees arising from loss, injury or damage and does **COVENANT NOT TO SUE** the Town of Davie Police Department and its officers, agents and employees.

Further, the undersigned agrees to **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the Town of Davie Police Department and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the Town of Davie Police Department's Volunteer Program.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the Town of Davie Police Department relating to such loss, injury or damage.

I hereby give permission for the Town of Davie Police Department and its officers, agents and employees to call my physician and/or arrange for transportation to a hospital in the event of any injury, although I understand that the Town of Davie Police Department and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

DATE

SIGNATURE

WITNESS SIGNATURE

PRINT NAME

ADDRESS