



Human Resources • 201 West Palmetto Park Road, Boca Raton, Florida 33432-3795
Phone (561) 393-7805 • Fax (561) 393-7908 • Email: volunteer@myboca.us

VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

NAME (MR./MS./MRS./DR.): _____ EMAIL: _____

ADDRESS: _____ CITY: _____ Zip Code: _____

HOME: _____ WORK: _____ CELL: _____

Are you a student? YES _____ NO _____ If yes, what school do you attend? _____

Are you under the age of 18? YES _____ NO _____

Days/Times you are available to volunteer: _____

Length of time you are available (example: 1 month, 6 months, indefinite): _____

POSITION(S)/DEPARTMENT(S) APPLIED FOR: _____

BRIEFLY DESCRIBE RELEVANT WORK AND/OR VOLUNTEER EXPERIENCE: _____

EDUCATIONAL BACKGROUND: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____ CELL: _____

REFERENCES (other than relatives)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

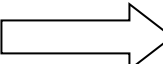
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? Yes ___ No ___

IF YES, HAS ADJUDICATION BEEN WITHHELD FOR ANY CRIME? _____

TYPE: _____ YEAR: _____

I hereby certify that all information provided by me in the City of Boca Raton Volunteer Application is true and correct. I understand that any misleading, incorrect, or untruthful statements may render this application void, and if I am placed in a volunteer position, would be just cause for terminating my volunteer assignment with the City of Boca Raton. I hereby release the City of Boca Raton and its authorized representatives, from all liability for any damage that may result from the information furnished by me. I hereby waive any claim against the City, its agents or employees, hereafter arising from injuries sustained while engaging in the performance of volunteer services for the City of Boca Raton.

In the event of any injury or emergency, I authorize the City of Boca Raton to arrange for transportation to a hospital or medical facility; although I understand that the City assumes no responsibility to do so. I authorize the City of Boca Raton to contact my emergency contact as listed above in the case of any emergency.

 Signature: _____ Date: _____

(Parent or legal guardian signature if applicant is less than 18 years of age)

Signature: _____ Date: _____

CITY OF BOCA RATON
BACKGROUND CHECK AUTHORIZATION AND RELEASE

In connection with my application for employment, to serve as a volunteer or for contract for services with the City of Boca Raton, I understand background screening and inquiries will be made on myself, which may include consumer credit (see Appendix A), motor vehicle; Worker's Compensation; employment history checks; Florida criminal history check through the Department of Law Enforcement; non-Florida criminal history check; sexual offender/predator check; driver's license check; local criminal records checks through local law enforcement agencies and, if applicable, a Level 2 screening, which includes fingerprinting for statewide criminal history records checks through the Department of Law Enforcement and national criminal history records checks through the Federal Bureau of Investigation. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities such as employment records, driving records, credit history, criminal, civil, and other experiences. These reports may include information as to my character, education, work habits, performance and experience along with reasons for termination of past employment.

By executing this Acknowledgement and Authorization, I authorize and consent the City of Boca Raton, and/or any other company authorized by the City of Boca Raton, to access such information, including my social security number, as may be necessary to complete a criminal background check and driver's license record check. I further consent to the collection, use or release of my social security number by the City of Boca Raton for the purposes as listed in the "Statement on the Collection, Use, or Release of Social Security Numbers" attached hereto as Appendix B.

I agree to indemnify and hold harmless the City of Boca Raton, its employees, officers, directors, affiliates, sub contractors, and agents from any loss, expense, or damage, which may result directly or indirectly from information or reports regarding my background.

I hereby consent to the City of Boca Raton obtaining the above information from authorized agents. I believe that all information provided below is accurate, true and correct and I fully understand the terms of this Acknowledgement and Authorization.

PLEASE (PRINT IN INK) COMPLETE THE FOLLOWING AND SIGN AT THE BOTTOM OF THE PAGE.

Print Name _____

Soc. Sec # _____ Date of Birth _____

Drivers License # _____ State _____

Current Address _____

City/State/Zip _____

Previous Address (if living in Florida for less than three years):

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant's Signature _____ **Date:** _____

(Parent or legal guardian signature if applicant is under 18 years of age)

Signature: _____ Date: _____

APPENDIX A

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Appendix B

Statement on the collection, Use, or Release of Social Security Numbers

The City of Boca Raton is authorized to collect, use or release social security numbers of individuals who make application for employment, to volunteer or contract for services with the City of Boca Raton as outlined below, which are noted as either required or authorized by law to be collected. The collection of an individual's social security number is either specifically authorized by law to do so or is imperative for the performance of the City of Boca Raton's duties and responsibilities as prescribed by law. {Fla. Stat. Sec. 119.071(5)(a)2&3}

- (1) Criminal history, Level 1 and Level 2 background checks/identifiers for processing fingerprints by Department of Law Enforcement, if social security number is available. {Required by Fla. Admin. Code 110-6003 and Fla. Stat. Sec. 119.071(5)(a)6.}
- (2) Registration information regarding sexual predators and sexual offenders {Authorized by Fla. Stat. Sec 943.04351 and required by Fla. Stat. Sec. 119.071(5)(c)2&6.}
- (3) Verification of an alien's eligibility for employment, including I-9 {Authorized by 8 U.S.C. 1324 a(b) and Sec. 8 C.F.R, 274 a.2.}
- (4) Tort claims and tort notices of claim against the City of Boca Raton {Required by Fla. Stat. Sec. 768.28(6) & Fla. Stat. Sec. 119.071(5)(a)6}
- (5) Reporting to and reports of Worker's Compensation injury or death, including for DWC-1 {Required by Fla. Stat. Sec. 440.185 and Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. Sec. 119.071(5)(a)6}
- (6) Worker's Compensation petition for benefits and responses thereto {Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. Sec. 119.071(5)(a)6}
- (7) Use of motor vehicle information from the Department of Motor Vehicles for the City of Boca Raton to carry out its functions and to verify the accuracy of information submitted by agent or employee of the City, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license {Authorized by Federal Law 18. U.S.C. 2721 et seq. And Fla. Stat. Sec. 119.071(5)(a)6}
- (8) The disclosure of social security number is expressly required by federal or state law or a court order {Required by Fla. Stat. Sec. 119.071(5)(a)6.}
- (9) Collection and/or disclosure are imperative or necessary for the performance of the City of Boca Raton's duties and responsibilities as prescribed by law. {Authorized by Fla. Stat. Sec. 119.071(5)(a)6 and required by Fla. Stat. Sec. 119.071(5)(a)2.}
- (10) The individual expressly consents in writing to the disclosure of his or her social security number {Authorized by Fla. Stat. Sec. 119.071(5)(a)}

I hereby acknowledge receipt of this "Statement on the Collection, Use, or Release of Social Security Numbers." **(If under the age of eighteen, the parent or legal guardian must sign).**

Signature

Date: _____