



# Volunteer/Intern Program Application

Palm Beach County  
Public Safety Department  
Division of Emergency Management

20 South Military Trail  
West Palm Beach, FL 33415  
561-712-6400

Position applying for: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_ (check if same as above) \_\_\_\_\_

Phone Numbers: Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

If retired, list most recent positions and organizations: \_\_\_\_\_

If a student, what school do you attend?: \_\_\_\_\_

What is your area of study? \_\_\_\_\_

Retired Military: (Y/N) \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Do you currently Volunteer/Intern? (Y/N) \_\_\_\_\_

If yes, list agency name and supervisor \_\_\_\_\_

Because of the training involved, we ask that you Volunteer/Intern a minimum of 12 hours per month. Are you able to do this? (Y/N) \_\_\_\_\_

What hours can you work?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

Can the Volunteer/Intern coordinator call your place of employment? (Y/N) \_\_\_\_\_

Do you have a health or medical situation that you would need special consideration? (Y/N) \_\_\_\_\_

Do you have any relatives that work for PBC? (Y/N) \_\_\_\_\_

Have you ever been charged with or convicted of any criminal offense, plead guilty or no contest, or found guilty of a criminal offense, regardless of adjudication or suspended sentencing? (Y/N) \_\_\_\_\_

If yes - list nature of offense, court (City or County, and State), disposition, and date.

## EMERGENCY CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Numbers: Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

## REFERENCES

List 2 references you have known for more than one year.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## LICENSES/EDUCATION/CERTIFICATIONS

Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Education (Choose highest):

University: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

Medical License Type: \_\_\_\_\_ License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Certifications: \_\_\_\_\_  
\_\_\_\_\_

Other Licenses: \_\_\_\_\_  
\_\_\_\_\_

Are you computer literate? \_\_\_\_\_ Circle all that apply: Word Excel Outlook Internet Explorer

Other computer skills: \_\_\_\_\_

Check all that apply.

Training Systems	Volunteer/Intern Coord/Mgt.	Grant/Finance Mgt.	Personnel Mgt.
Logistics	Inventory Control/Supply	Office Support	Writing
Research	Marketing	Social Media	Photography
Public Speaking	Special Events/Fairs	Receptionist	Customer Service
Public Relations	Legal	Law Enforcement	CERT

Disaster/Emergency Management Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TRAINING HISTORY

*\*Attach additional sheets, if needed. Courses in bold are required. Additional position specific courses may be required. Please attach a copy of the certificate or FEMA transcript.*

Course Name	Date	Course Name	Date
<b>ICS 100</b>			
<b>ICS 200</b>			
<b>ICS 700</b>			
<b>ICS 800</b>			

Other Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ACKNOWLEDGEMENTS

Signature below indicates that all of the above statements are true to the best of my knowledge. I understand that if I am selected as a Volunteer/Intern any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal. I understand photos or videos may be taken and used by PBC for promotion/training purposes.

Additionally, I understand the information contained within this document is subject to public records laws pursuant under Florida Statute, Chapter 119.01, the "Sunshine" law. Signature also authorizes PBC to conduct a background check, driving history check, and/or drug screening on me as required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**RECEIPT & ACKNOWLEDGMENT  
OF VOLUNTEER/INTERN HANDBOOK**

This Volunteer/Intern Handbook is an important document intended to help you become acquainted with PBC, Public Safety Department, Division of Emergency Management. This Handbook will serve as a guide; it is not the final word in all cases. *Please read the following statements and sign below to indicate your receipt and acknowledgment of the Volunteer/Intern Handbook.*

I understand that the policies and procedures described in the Handbook are subject to change at any time, at the sole discretion of PBC, Public Safety Department, Division of Emergency Management

- I further understand that my Volunteer/Interning is terminable at will, either by myself or PBC, Public Safety Department, Division of Emergency Management regardless of the length of my Volunteer/Intern service.
- I agree to return all items issued by the Division of Emergency Management including but not limited to photo identification, access card, and shirt.
- I understand that my signature below indicates that I have received this copy of the Handbook and that I agree to read it prior to my first Volunteer/Intern assignment.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Volunteer/Intern's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Volunteer/Intern Coordinator's Signature)

\_\_\_\_\_  
Date



**EMERGENCY  
MANAGEMENT**

**VOLUNTEER/INTERN AGREEMENT**

**EMERGENCY MANAGEMENT AGREES:**

1. To provide a Volunteer/Intern Manager responsible for orientation to the Public Safety Department, Division of Emergency Management and the responsibilities of the division to the community and available for discussions concerning any problems or suggestions that the Volunteer/Intern might have.
2. To provide an assigned staff member or supervisor to report to in the assigned work area.
3. To review Volunteer/Intern performance on a regular basis (informal or formal), keep an account of Volunteer/Intern hours, and provide a letter of total hours Volunteer/Interned upon request.
4. To recognize Volunteer/Intern achievement.
5. To provide a safe environment.
6. To provide any training or instructions that may be needed.

**THE VOLUNTEER/INTERN AGREES:**

1. Give at least twelve (12) hours per month of my time each week/month.
2. To accept and to adhere to all policies of PBC Division of Emergency Management.
3. To accept the guidance and decisions of the Volunteer/Intern coordinator, staff supervisor or lead worker.
4. To show up for scheduled shifts and to carry out duties promptly and reliably.
5. To contact the Volunteer Intern Coordinator if unable to be present for scheduled shift.
6. To acknowledge missing a scheduled shift without notice is subject to termination of internship.
7. To notify the Volunteer/Intern Coordinator at least five (5) days in advance of your availability each week.
8. To maintain the dignity and integrity of the Division with the public and honor confidential information.
9. To notify the Division in writing or by phone of extended leave or resignation.
10. To understand the function of the paid staff, maintain a smooth working relationship with them, and stay within the bounds of Volunteer/Intern responsibilities.
11. To sign in and sign out as required for statistical purposes.

I, the undersigned, have read the Volunteer/Intern agreement and guidelines and agree to abide by them and the policies of PBC, Division of Emergency Management.

Date: \_\_\_\_\_ Name \_\_\_\_\_

Volunteer/Intern signature: \_\_\_\_\_

Volunteer/Intern Coordinator signature: \_\_\_\_\_

\*\* A signed copy of this agreement will be placed in your file. If you would like a copy, please feel free to ask the Volunteer/Intern Manager. \*\*



RELEASE FROM LIABILITY

This agreement not to sue is executed and delivered by the undersigned said person, at West Palm Beach, PBC, and Florida and to and in favor of PBC and PBC Department of Public Safety, Division of Emergency Management.

WHEREAS, the undersigned person will never institute any action or suit in law or equity against PBC, its Department of Public Safety, and/or its Division of Emergency Management, nor institute, prosecute or in any way aid, assist or participate, directly or indirectly in the institution of any claim, demand, loss or injury, either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past, present or future, arising from PBC, its Public Safety Department, its Division of Emergency Management and its facilities, including, but not limited to any damage, loss or injury either to person or property, or both, resulting from contact with or the actions or conduct of any animal or animals at or in the custody or control or in connection with the enrollee, others at PBC, its Department of Public Safety or its Division of Emergency Management.

The undersigned said person further hereby releases, demises, and discharges PBC, its Department of Public Safety, Division of Emergency Management and its employees and agrees to defend, indemnify and hold PBC, its Department of Public Safety, its Division of Emergency Management harmless from and against any and all of the foregoing, including but not limited to actions, causes of action, claims, demands, damages, suits, costs, and expenses the undersigned have had or has for any reason or which may occur or arise by reason of the undersigned's participation or activity now, heretofore or hereafter at or with PBC, its Department of Public Safety and its Division of Emergency Management.

This release shall inure for the benefit of PBC, its Department of Public Safety, and its Division of Emergency Management, itself and related organizations, its successors and assigns, officers, agents, directors, employees and representatives; and shall bind the undersigned's successors and assigns, spouse, natural or appointed guardian or ward, heirs, executors, administrators, agents and representatives.

The undersigned hereby executes and delivers this hold harmless and agreement not to sue in order to induce PBC, the Department of Public Safety, Division of Emergency Management to permit said person to perform any assigned duties and any equipment necessary to perform said duties while performing Volunteer/Intern duties.

The undersigned acknowledges that he/she has carefully read and understands the foregoing and has the right and desires to execute this instrument.

Volunteer/Intern Name \_\_\_\_\_

(Please Print)

Volunteer/Intern Signature \_\_\_\_\_

(Parent/Guardian if under 17)

Date \_\_\_\_\_

The forgoing instrument was sworn to or affirmed before me this day \_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
Signature Commission number

\_\_\_\_\_  
Name of Notary – typed, printed or stamped