

## SARASOTA COUNTY GOVERNMENT

### **VOLUNTEER SERVICE AGREEMENT – UNDER 18 YEARS OF AGE**

I am the adult guardian of the undersigned volunteer who is under eighteen years of age and am fully aware of and understand the conditions of the voluntary work that will be performed for Sarasota County Government (SCG).

**I, on my own behalf and on the minor child's behalf, understand and agree that:**

1. The undersigned minor's voluntary participation in Sarasota County volunteer activities does not entitle him/her to any compensation or other employment benefits.
2. He/she is NOT an agent or employee of Sarasota County, Florida, and he/she will not so represent himself/herself as one to any person, government unit or corporate entity;
3. He/she will be solely responsible for his/her actions while participating in volunteer activities;
4. He/she has a responsibility to always conduct himself/herself in a ethical, truthful, and honorable manner when interacting with the public, other volunteers and other County employees;
5. He/she is prohibited from using the position for personal gain or for the benefit of family members;
6. He/she is prohibited from soliciting or accepting gifts from any person/firm doing or intending to do business with SCG or regulated by SCG with the intent to influence the volunteer in his or her official duties;
7. He/she must follow instructions, be courteous and cooperative with citizens, fellow volunteers and employees.
8. He/she must be reliable, arrive on time and provide notice when departing, and if unable to fulfill the volunteer duties provide reasonable notice (preferably 8 hours);
9. He/she must adhere to all safety guidelines and rules required by Sarasota County and immediately notify the supervisor if injured in the performance of scheduled and documented volunteer activities;
10. He/she must act responsibly and not endanger others or himself/herself
11. He/she must not consume any alcohol or drugs while acting as a SCG volunteer;
12. He/she may be release from his/her voluntary participation in the aforementioned activities for any reason or no reason at all without notice; and he/she is not entitled to any recourse in the event he/she is released.
13. I have reviewed these requirements with my minor child and he/she understands them completely.

I, on my own behalf and on the minor child's behalf, hereby give my permission for Sarasota County to use any still photograph or video footage in which I or the minor child may appear for whatever purpose(s) deemed appropriate. I, on my own behalf and on the minor child's behalf, do this voluntarily and with the understanding there is no remuneration.

This WAIVER shall be determined to be and shall be a complete bar to any action which might otherwise be brought either by law or under any state or federal statute for any and all damages arising as result of voluntary participation in the activities contemplated herein except for those benefits afforded volunteers in accordance with Florida Workers' Compensation Law.

All agreements and understandings between the undersigned and Sarasota County, Florida, are embodied herein, and this WAIVER covers all injuries and all the effects and results, and all expenses of every nature. The statements and agreements herein are not merely recital, but are contractual in nature.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Guardian)

\_\_\_\_\_  
(Signature of Volunteer)

Upon submittal to the County, this Volunteer Service Agreement form becomes public record and is open to public inspection under Chapter 119, Florida Statutes.

REQUIRED (Please complete this section in its entirety):

Print Name of Volunteer:		Birth Date:	
Print Parent or Guardian Name:			
Street:	City:	State:	Zip:
Phone #:		Email Address:	
Emergency Contact Name:			
Street:	City:	State:	Zip:
Phone #:		Email Address:	
May we contact you about future volunteer opportunities?		YES	NO

The information below must be completed by a Sarasota County Government employee coordinating the volunteer activity prior to the any volunteer assignment. A copy shall be retained by the department and a copy provided to the Volunteer Coordinator, Human Resources.

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Employee Name/Title – Please Print:  
\_\_\_\_\_

Department/Division: \_\_\_\_\_

Volunteer Assignment & Location(s): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date