Volunteer Consent

I, ____________________________, intend to volunteer my services to the City of St. Pete Beach without expectation of monetary compensation. I offer my services freely and without coercion from any individual(s) employed by the City of St. Pete Beach. I certify that the City of St. Pete Beach does not employ me in any capacity.

Furthermore, as a condition of volunteering with the City of St. Pete Beach, I understand that a Florida Department of Law Enforcement (FDLE) background check will be performed. My signature below indicates my understanding and consent for this check to be completed. I also understand that if the result of the background check is unsatisfactory to the management of City of St. Pete Beach, that my volunteer service will be discontinued.

Please complete the other side of this page.

My signature below acknowledges that I have read and that I fully understand the foregoing statements and this consent was freely and knowingly given.

_________________________________   ____________
Signature                               Date

THE CITY OF ST. PETE BEACH IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER WHICH MAKES PLACEMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, HANDICAP, MARITAL STATUS, SEXUAL ORIENTATION OR ANY OTHER PROTECTED CATEGORIES AS DEEMED BY LAW. THE CITY ALSO REASONABLY ACCOMMODATES INDIVIDUALS WITH DISABILITIES AND BONA FIDE RELIGIOUS BELIEFS. THE CITY IS COMMITTED TO A DRUGFREE WORKPLACE.
Please complete the following information (part of which is necessary for the FDLE background check):

- Full name (first, middle, last): ________________________________
- Full Address: ______________________________________________
- Phone #: ________________________________
- E-mail Address: ________________________________
- Date of birth: ________________________________
- Social Security Number: ________________________________
- Ethnicity: □ White □ Black □ Hispanic □ Other
- Days and hours you are interested in volunteering: ________________________________
- Emergency Contact (name & phone number): ________________________________
- What is your familiarity with libraries? ________________________________
- Describe your computer skills: ________________________________

Applicant's initials: ______________
Date: ________________________________
Libraries Rep's initials: ______________