



# Hardee County Board of County Commissioners

## Volunteer Program Agreement

I understand that I am a volunteer with Hardee County Board of County Commissioners (BOCC), contributing my services to the County without pay or other compensation. As a volunteer, I will represent the Hardee County Board of County Commissioners (BOCC) to the public and the community. I will comply with the following expectations:

- I will not create the impression that I speak for BOCC in public comments and will direct media inquiries to the Executive Director.
- I understand that I am not to drive BOCC vehicles or use my personal vehicle for BOCC business. I may, however, be allowed to operate a BOCC sanctioned vehicle if assigned by a member of the BOCC administrative staff.
- The County is a Drug Free workplace. I understand I will not use, possess, distribute or dispense controlled substances in the workplace. In keeping with the intent to provide a safe and healthy work environment, I will not drink alcoholic beverages while performing my duties as a volunteer. For those who smoke cigarettes, please use the outdoor designated smoking areas before or after your allotted volunteer schedule. Smoking is prohibited in company vehicles.
- Prescription drugs may not be brought on BOCC property by any volunteer other than the volunteer for whom they were prescribed. Such drugs may be used only in the manner, combination and quantity prescribed.
- Volunteers who must use a prescription drug that causes adverse side effects (such as drowsiness or impaired reflexes or reaction time) must inform the Human Resources Department that they are taking prescription medication that causes certain side effects on the advice of a physician. If the side effects of a prescription drug's use could cause safety problems, the volunteer may want to temporarily suspend their duties. Please refer to the Hardee County Rules and Regulations for the Personnel Management System manual.
- I understand that harassment of any kind, including sexual harassment, is illegal under federal and state laws and against BOCC policy. Such behavior will not be tolerated and constitutes misconduct. This includes unwanted verbal or physical advances, objectionable joking and derogatory statements or remarks found offensive by others.
- I will dress appropriately for the task that I am performing. This includes but not limited to:
  - closed toe and closed heel shoes
  - finger-tip length shorts or skirts
  - appropriate shirt that is free from rips, tears, or prohibited images and wording
  - Visor, hat or apron (if required)
- I understand that my behavior with BOCC employees, the public, and other volunteers will be civil and respectful in word, tone, and manner.
- I will bring complaints or concerns to the Human Resources Department, if necessary. Discussions regarding disagreements or complaints must be discussed in private with the Human Resources Department out of earshot of the public, employees or other volunteers.
- I understand that the public, staff and other volunteers are depending on me to be punctual. I understand that I must notify my direct supervisor or manager at least 24 hours in advance if I am unable to follow through on planned commitments.
- Accurately documented volunteer hours is extremely important. It provides data for funding, volunteer trends as well as indicators for other events and activities. I understand the importance of officially logging my volunteer hours manually on the paper Volunteer Records Hour Sheet.
- I give permission to be photographed and allow BOCC authority to release said pictures for publicity and marketing purposes.

I have read and understand personnel requirements and expectations as a volunteer as described in the Volunteer Service Program. I understand there may be potential hazards and risks of the activity or activities of which I am assigned. I hereby assume such risks and, following appropriate medical consultation with my personal physician, I have determined that my health is adequate to participate safely in this program. I acknowledge that I have voluntarily chosen to participate safely in this program. I acknowledge that I have voluntarily chosen to participate in the Volunteer Program conducted by Hardee County Board of County Commissioners.

I, \_\_\_\_\_, in consideration for serving as a **Volunteer**  
*(Please Print Your Name)*

for the Hardee County Board of County Commissioners, hereby release, waive, discharge the Hardee County Board of County Commissioners their officers, contractors, agents, or employees, (hereinafter referred to as the ("Authority") from any and all liability, claims, demands, actions, and causes whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me or to any property belonging to me, or otherwise, while in, on or upon the premises and covenant not to sue the Authority in connection with the same. It is my express intent that this Agreement shall be deemed as a release, waiver, discharge and covenant not to sue the authority. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Florida.

FURTHERMORE, I assume all risks of bodily injury to myself, and give permission for myself to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. I am at least eighteen (18) years of age and fully competent to take part in this activity and follow all regulations pertinent to this activity as set forth by the Hardee County Board of County Commissioners Authority. I execute this Waiver and Release for full, adequate and complete consideration, fully intending to be bound by the same.

I have read this document and understand that it has legal consequences, and sign it voluntarily.

Participant's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

[ ] By completing this form, providing your name and today's date, and checking this box, you signify that this information is complete and accurate and that you agree to this Liability Statement.