



Brevard County Board of County Commissioners  
BRAVE Program Volunteer and Intern Application



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Email address \_\_\_\_\_

Are you under 18?  no  yes **If yes, parent or legal guardian signature required.**

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about the BRAVE Program? \_\_\_\_\_

Are you looking for an Internship placement?  yes  no (Note: Brevard County does not have a paid intern program)

**FOR INTERNSHIP APPLICANTS ONLY:**

University/College \_\_\_\_\_ Program Major \_\_\_\_\_

Semester Dates \_\_\_\_\_ Required number of hours \_\_\_\_\_

Why are you interested in volunteering or interning with Brevard County Government? \_\_\_\_\_

Is there a specific volunteer or intern position that interests you? \_\_\_\_\_

Please list any previous volunteer or intern experience \_\_\_\_\_

Please list any special training or skills \_\_\_\_\_

What is your availability?

Hours available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Length of time you are available (1 month, 6 months, indefinite, etc.) \_\_\_\_\_

## Law Violation Record

Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense?   yes   no. If yes, provide details (offense, date, place and disposition) on a separate sheet of paper. **Note: A 'yes' answer to this question will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the volunteer position will be considered.**

## Read this section carefully before you sign

I certify that each answer to the questions in this application and all other information provided by me is true and correct to the best of my knowledge. I understand that any misrepresentations of facts shall be considered basis for rejection of my BRAVE Volunteer/Intern application or discharge if accepted. I authorize Brevard County to verify information in this application. I understand that a background screening will be conducted as it applies to the volunteer assignment in which I have expressed an interest and I give my consent to the same. I understand that all such information collected during the screening will be kept confidential.

I agree to abide by and comply with all rules, regulations, policies and practices of Brevard County Government and with all procedures established for volunteers. I have read and understand the above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parental Permission (required for volunteers under age 18)

I hereby give my permission for my child to participate as a volunteer in the Brevard County Government's BRAVE Volunteer & Intern Program. I have read and understand the above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### For office use only

Interviewed by \_\_\_\_\_ Date of Interview \_\_\_\_\_

Background screening level \_\_\_\_\_ Date completed \_\_\_\_\_

Assignment \_\_\_\_\_ Supervisor \_\_\_\_\_

ID badge number \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

# VOLUNTEER ACKNOWLEDGEMENT

Brevard County Board of County Commissioners encourages volunteer participation by individuals and groups in County departments, offices, and facilities. "Volunteer" means a person who, of his/her own free will, provides goods or services to any unit of County Government or to any County Charter Officer without receiving monetary or material compensation. The following are classes of volunteers:

1. DEFINITION:

- a) "Regular-service volunteer" means a person engaged in specific voluntary service activities on an ongoing or continual basis.
- b) "Occasional-service volunteer" means a person who offers to provide a one-time or occasional voluntary service.
- c) "Material donor" means a person who provides funds, materials, employment or opportunities for clients of County Government without receiving monetary or material compensation. Specific Authority, Florida Statute FS 125.9501-06

The State of Florida makes certain provision for volunteers who are injured while performing voluntary service activities. In the event of an accident resulting in injury or illness, volunteers are eligible for Workers' Compensation, **medical benefits only**, in accordance with Chapter 440, Florida Statutes.

**VOLUNTEER REPORTING REQUIREMENTS:**

In order to provide the most timely and suitable quality medical care in the event of an injury at the worksite where you are volunteering your services, the County provides access to primary care and occupational medicine physicians under our Workers' Compensation statutory obligations as a public entity employer.

The following procedures must be followed for all volunteer work-related injuries and/or illnesses. It is important to note that Florida Statute 440.134(17) states "...Treatment received outside the Workers' Compensation Managed Care Arrangement is not compensable unless authorized by the carrier prior to the treatment date."

**If you are injured while performing voluntary service activities:**

- Report your injury to a Supervisor/Manager immediately. When a Supervisor or Manager is unavailable during normal business hours, you may contact the Risk Management Office at (321) 633-2037 to report your injury.

**IN CASE OF EMERGENCY OR LIFE THREATENING INJURIES, SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST HOSPITAL.**

- Report promptly any volunteer work-related injury to a Supervisor at the worksite.
- Follow the Primary Care Physician or "PCP's" instructions for any medical specialist referral or treatment.
- Ensure all medical treatment is handled only through the PCP (Primary Care Physician).
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- Follow established grievance procedures to resolve any dissatisfaction with medical treatment. I understand that a grievance form and a copy of the grievance procedures will be provided to me in the event that I am injured at the volunteer worksite.
- A directory of medical care providers and a manual explaining fully the managed care process is available and can be provided by asking a supervisor at the worksite where I am volunteering or may have volunteered my services.

Please sign below to indicate that you have read and do understand what your responsibilities are and what procedures you should follow under our Managed Care Program in the event of an injury or illness.

Name (please print): \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (If Volunteer <18) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



Please attach to the Background Investigation Checklist and send to Human Resources.

### ADDRESS HISTORY FORM

TO BE COMPLETED BY BREVARD COUNTY REPRESENTATIVE:

**NUMBER OF YEARS OF ADDRESS HISTORY** (based on security level)

2 years (Low Level)

7 years (Moderate Level)

TO BE COMPLETED BY APPLICANT:

**Applicant Name:**

**Date of Birth:**

**Please list the dates (from/to) and addresses of places lived for the number of years indicated above, beginning with the MOST recent.**

1. From: To: Street address:

City: County: State: Zip:

2. From: To: Street address:

City: County: State: Zip:

3. From: To: Street address:

City: County: State: Zip:

4. From: To: Street address:

City: County: State: Zip:

5. From: To: Street address:

City: County: State: Zip:

6. From: To: Street address:

City: County: State: Zip:

7. From: To: Street address:

City: County: State: Zip:

8. From: To: Street address:

City: County: State: Zip:

9. From: To: Street address:

City: County: State: Zip:

10. From: To: Street address:

City: County: State: Zip:

USE ADDITIONAL PAGES AS NECESSARY