

Be a VOLUNTEER at Lauderdale-By-The-Sea Visitor Center!



We are looking for Volunteers to join us in staffing

We are looking for motivated Ambassadors who enjoy representing our Town and interacting with people from all over the world.

What you will be doing: You will be greeting visitors and sharing information about the Town, and places to go in the area, such as attractions, recreational areas, Town accommodations, restaurants, entertainment, special events, and public transportation systems around Town and Broward County.

Interested? VOLUNTEER Applications are online at <https://www.lauderdalebythesea-fl.gov/257/Town-Employment>
Completed applications may be e-mailed to lisas@lbtS-fl.gov or dropped off at Town Hall, 4501 N. Ocean Drive.

The Town of Lauderdale- By-The- Sea is a drug free workplace.



Application for
Town of Lauderdale-By-The-Sea Volunteer

4501 N. Ocean Drive, Lauderdale-By-The-Sea, FL 33308
954-640-4200

Please note that all information provided becomes public record upon receipt, unless otherwise exempted per F.S. 119.

Thank you for your interest to volunteer your time and talent to make Lauderdale-By-The-Sea the hometown we all want to live, work, play in.

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

Current (or former) Occupation: _____

What types of activities would you like to volunteer for? Check all that apply.

- Visitor Center Host, Clerical Support, Special Events, Light Landscaping, Special Projects

Let us know the best day(s) and time(s) you are available to volunteer:

Table with 8 columns (Monday-Sunday) and 3 rows (Morning, Afternoon, Evening).

Please provide information about your volunteer experience. _____

Please provide two references:

- 1. (Name), (Phone Number), (Relationship)
2. (Name), (Phone Number), (Relationship)

I hereby affirm that the information in this application is accurate. I understand that a background check is required prior to my acceptance as a Volunteer. I agree to abide by and comply with all regulations, policies, and procedures for Town of Lauderdale-By-The-Sea volunteers.

Signature: _____ Date: _____

Notary section containing fields for STATE OF, COUNTY OF, date, and Notary Signature/Stamp/Seal.

Town of Lauderdale-By-The-Sea Visitor Center Volunteer

Release & Indemnification Agreement

In consideration of the opportunity afforded me to participate as a volunteer, I do hereby knowingly, freely and voluntarily release, waive, discharge, indemnify and hold harmless the TOWN OF LAUDERDALE-BY-THE-SEA, its officers, employees, agents and volunteers from any and all liability, losses, expenses, damages, claims, causes of action or judgements, including without limitations attorneys' fees and court costs, which may be sustained by me and/or my family directly or indirectly in connection with, or which may arise out of, my participation as a volunteer, whether caused in whole or in part by the negligence of the TOWN OF LAUDERDALE-BY-THE-SEA, its officers, employees, agents, volunteers or otherwise. I further agree not to represent myself as an officer, agent or employee of the TOWN OF LAUDERDALE-BY-THE-SEA and acknowledge that I am participating as a volunteer for the Town of my own time and outside the scope of my employment, and that I am not entitled to any Town stipend or fringe benefit. I further agree that any vehicle that I drive to, from or during a volunteer activity is not property of or an instrumentality of the Town but rather my own property. I acknowledge that the Town will not be responsible or liable for any personal injury or property damage caused in whole or in part by my personal vehicle.

I have read this Release & Indemnification Agreement and fully understand its terms. I further understand that I have given up substantial rights by signing this form and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of, and indemnification from, any and all liability to the greatest extent permitted by law and agree that if any portion of this Release & Indemnification Agreement is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

I agree to abide by the applicable CDC guidelines. I am aware of the contagious nature of COVID-19 and acknowledge that gathering in large numbers may expose me to COVID-19. I understand that becoming exposed to or infected by COVID-19 may result in serious personal injury, illness, permanent disability, or death. In exchange for being permitted to volunteer, I hereby release, waive, covenant not to sue, and forever discharge the TOWN OF LAUDERDALE-BY-THE-SEA, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with becoming exposed to or infected with COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of the Town (including its employees, agents, and representatives), and covers bodily injury, illness, disability, and death related to COVID-19, whether a COVID-19 infection occurs before, during or after the activities listed above.

I hereby affirm that the information in this application is accurate. I understand that a background check is required prior to my acceptance as a Volunteer. I understand that I am offering my services to the TOWN OF LAUDERDALE-BY-THE-SEA without compensation. Once I become a volunteer, I agree to abide by all rules, regulations and policies, either published or in effect by usage, and all rules, regulations and laws of the Town and of the State of Florida. I further understand that my services can be discontinued at any time.

My signature below certifies that I understand and agree to the Release & Indemnification and Volunteer Agreement.

Signature: _____

Date: _____

If the applicant is under 18, parental consent (or the consent of the applicant's legal guardian) to the applicant's participation in volunteer service is required below. As parent (or legal guardian), please sign below indicating your consent. By signing below as parent (or legal guardian), you will also agree to each and every term and condition contained in the Release & Indemnification Agreement set forth above.

I hereby give my consent for my child (or the child under my legal guardianship) to participate in the volunteer activity described below. I acknowledge that my child (or the child under my legal guardianship) is not entitled

to any Town compensation or fringe benefit for this activity.

Name of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

STATE OF _____ **COUNTY OF** _____

On the _____ day of _____,

before me came _____ whose is

personally known to me or provided _____ as

identification and took an oath that the statements made in said instrument are true.

Notary Stamp/Seal:

Notary Signature

STAFF USE ONLY

Application received by: _____(Initial)

Date: ____/____/____

APPROVED

Background Check received from Police Dept.

Date: ____/____/____

DENIED



TOWN OF LAUDERDALE-BY-THE-SEA/ HUMAN RESOURCE DEPARTMENT
 4501 N. Ocean Drive
 Lauderdale-By-The-Sea, Florida 33308
 Phone: (954) 640-4200

AUTHORIZATION TO OBTAIN INFORMATION

I authorize a representative of the Town of Lauderdale-By-The-Sea, Florida to perform a background investigation of myself in connection with my application to volunteer for the Town of Lauderdale-By-The-Sea.

Applicant's Printed Name
Date of Birth
SSN

- I understand my social security number is requested for the purpose of background investigation and will be used solely for these purposes. Pursuant to F.S. 119, social security numbers are exempt from public records requests, and will be redacted if a record request of my application is made.
- I understand the investigation may include, but is not limited to, information as to my credit, criminal history, driver's license information and records, personal references, and other sources.
- I authorize the release of any information that the Town of Lauderdale-By-The-Sea may request from the above-mentioned sources.
- I recognize that if more than two years elapses between my days of service as a volunteer, a new background investigation will be required before I am reinstated.

Applicant's Signature
Date Signed

STATE OF _____ **COUNTY OF** _____

On the _____ day of _____,

before me came _____ whose is

personally known to me or provided _____ as

identification and took an oath that the statements made in said instrument are true.

Notary Stamp/Seal:

Notary Signature