

RETURN THIS FORM TO:
CITY OF PLANTATION
PARKS & RECREATION DEPARTMENT
Attn: Volunteer Coordinator
9151 N.W. 2ND STREET
PLANTATION, FL 33322

ADULT

SECTION 1: (To be completed by the Department)

Department: Recreation

Starting Date: 9/21/2024 Expiration Date: 9/21/2025

Brief description of volunteer duties _____

SECTION 2: (This section must be completed by the Volunteer. Please print.)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street & Apt. #)

(City, State, Zip)

Date of Birth: _____ Email: _____

Parent/Guardian Email: _____

Home Phone: _____ Cell Phone: _____

IN CASE OF AN EMERGENCY OR ACCIDENT, PLEASE NOTIFY:

Name: _____
(Last) (First) (Middle)

Address: _____
(Street & Apt. #)

(City, State, Zip)

Home Phone: _____ Cell Phone: _____

Relationship: _____

Last year's waivers have expired. You MUST complete a new Volunteer Waiver Form.

City of Plantation

Indemnification and Hold Harmless Agreement – Volunteers – ADULT

This Indemnification and Hold Harmless Agreement (“Agreement”) is entered into this ____ day of _____, 202__ by and between the City of Plantation Florida, a Florida municipal corporation, and _____(Name of Volunteer).

I hereby agree to indemnify, release, hold harmless, and waive any and all claims against the City of Plantation; its affiliates; elected or appointed officers or officials; attorneys; agents; contractors; employees, in their respective official and individual capacities; volunteers; and/or other participants (collectively referred to as “City”) for any and all loss, damage, disability, or injury of any kind that I may suffer or sustain to person or property during my participation in the City of Plantation Volunteer Program.

I recognize and acknowledge there is always a possible risk of loss, damage, and/or physical injury and I agree to assume the full risk (including death) that may be sustained or associated with participation in the City of Plantation Volunteer Program.

I agree for myself, my spouse, my child or children, and on behalf of my/our heirs, successors in interest, legal representatives, beneficiaries, assigns, personal representatives, and next of kin, that I hereby indemnify, release, and hold harmless City, as set forth above. With regard to indemnification, I specifically agree to indemnify and defend the City of Plantation from and against any and all loss, claims, or suits (including costs and attorneys' fees) for or on account of injury to or death of persons and damage to or destruction of property belonging to either the City of Plantation or others, occurring by reason of any act or neglect by myself while serving as a Volunteer for the City of Plantation.

I understand and agree that I am volunteering to serve the City of Plantation and that I shall not be entitled to any wage/stipend or other City employee benefits by virtue of this agreement.

THE UNDERSIGNED HAS READ THE FOREGOING INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTANDS IT.

_____ Date _____ Signature of Volunteer (ADULT)

**STATE OF FLORIDA
COUNTY OF BROWARD**

Sworn to (or affirmed) and subscribe before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 20__, by _____.

(Notary Seal)

Signature of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

FOR VOLUNTEERS AGE 18 AND OLDER (ADULTS)

I am voluntarily providing the information below in case of a medical emergency that occurs while I am serving the City of Plantation in a voluntary capacity. I hereby give my consent for:

1. The administration of any necessary treatment by a licensed physician or dentist; and,
2. The transfer to _____ (preferred hospital) or any hospital reasonably accessible.

The following information may be released to the attending medical personnel, hospital, or licensed physician.

Volunteer's name: _____

Address: _____

Allergies: _____

Present medications: _____

Date of last Tetanus shot: _____

Physical impairments: _____

Pre-existing medical conditions: _____

Prior surgery/dates: _____

Physician's name and phone #: _____

Date

Signature of Volunteer

**STATE OF FLORIDA
COUNTY OF BROWARD**

Sworn to (or affirmed) and subscribe before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 20__, by _____.

(Notary Seal)

Signature of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

WORKER'S COMPENSATION

MEDICAL TREATMENT AUTHORIZATION

ALL on-the-job work-related injuries MUST be reported to your supervisor regardless of the severity of the injury and as soon as possible after the injury. A Notice of Injury Form and Supervisor's Report of Accident Form MUST be completed for EVERY injury.

The Human Resources Department authorizes medical treatment for all injuries that occur between 8:00 a.m. and 4:30 p.m., Monday through Friday. ANY follow-up medical treatment must also be authorized by the Human Resources Department. If the injury occurs after 4:30 p.m. and before 8:00 p.m., Monday through Friday, or on a weekend from 8:00 am to 8:00 p.m. supervisors may authorize treatment at MD Now, 7007 West Broward Blvd. Plantation, FL. After 8:00 p.m. or if a Volunteer/Intern is injured to the extent that emergency medical treatment is required, supervisors may authorize treatment at Westside Regional Medical Center or Plantation General Hospital.

Volunteer/Interns who have received injuries which did not need medical attention at the time of injury, but who require medical attention at a later date MUST contact the Human Resources Department to receive authorization and an appointment for said medical treatment.

REMEMBER: ALL MEDICAL TREATMENT MUST BE AUTHORIZED BY THE HUMAN RESOURCES DEPARTMENT OR A SUPERVISOR, DEPENDING UPON THE DAY AND TIME THE INJURY OCCURS. **FAILURE TO OBTAIN THE NECESSARY AUTHORIZATION FROM THE PROPER INDIVIDUAL CAUSES ANY AND ALL CHARGES INCURRED TO BECOME YOUR RESPONSIBILITY!** THESE CHARGES WILL NOT BE PAID BY YOUR HEALTH INSURANCE. WORKER'S COMPENSATION LAW STATES THAT ALL CHARGES INCURRED IN THE COURSE OF AND AS A RESULT OF UNAUTHORIZED TREATMENT BECOMES THE RESPONSIBILITY OF THE VOLUNTEER/INTERN.

VOLUNTEER/ NAME

VOLUNTEER /SIGNATURE

WITNESS SIGNATURE

DATE

**CITY OF PLANTATION
WORKERS' COMPENSATION BENEFITS
MANAGED CARE ARRANGEMENT
VOLUNTEER/ACKNOWLEDGEMENT**

The City of Plantation provides you with workers' compensation benefits administered through Preferred Governmental Claims Solutions (PGCS). Collectively, we are committed to promoting a safe and healthy work environment. However, work related illness, as well as accidents do occur. In order to provide you with the best possible medical care should a work-related illness or accident occur, the City of Plantation has implemented a Managed Care Arrangement.

The Preferred Provider Network offers many benefits including the following:

- ❑ Doctors and hospitals are located near your work site
- ❑ Has providers who have been reviewed and have met stringent PPN standards and credentialing criteria
- ❑ Providers are experienced in treating on-the-job injuries and want to aid in your return to work when medically appropriate.

Except in emergency situations and/or specific circumstances, ***YOU MUST OBTAIN MEDICAL CARE FROM A PPN PROVIDER*** in order to receive full workers' compensation benefits. The City of Plantation, administered through PGCS is prepared to assist you in accessing and selecting a provider.

The Managed Care Arrangement promotes a team approach to treating workers' compensation injuries. The team includes you, the PPN Provider and the City of Plantation administered through PGCS. This approach ensures that timely, appropriate and cost-efficient medical treatment is provided to you. This will ensure that you are able to return to work as soon as possible. Everyone benefits from this partnership.

Since we anticipate that you will have numerous questions regarding the Managed Care Arrangement, we have prepared the attached list. Please review the attached questions and answers and if you need additional information, please contact Human Resources at 954-797-2241.

VOLUNTEER/INTERN

VOLUNTEER/SIGNATURE

WITNESS SIGNATURE

DATE



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SUMMARY OF THE CITY OF PLANTATION'S
DRUG-FREE WORKPLACE POLICY

VOLUNTEER/INTERNS ARE HEREBY NOTIFIED THAT IT IS A CONDITION OF SERVICE FOR EACH VOLUNTEER/INTERN TO REFRAIN FROM REPORTING TO WORK OR WORKING WITH THE PRESENCE OF DRUGS OR ALCOHOL IN HIS OR HER BODY. IF AN VOLUNTEER/INTERN TESTS CONFIRMED POSITIVE OR REFUSES TO SUBMIT TO A TEST FOR DRUGS OR ALCOHOL, THE VOLUNTEER/INTERN IS SUBJECT TO DISCIPLINARY ACTION, INCLUDING DISCHARGE, AND MAY FORFEIT ELIGIBILITY FOR MEDICAL AND INDEMNITY BENEFITS.

I POLICY OVERVIEW

- A. Prohibits illegal use, possession, sale, manufacture, or distribution of drugs, alcohol, or controlled substances on City property.
- B. Volunteers/Interns must not work under the influence of drugs, including prescription drugs affecting safety or performance.
- C. A confirmed drug test positive indicates being under the influence.

II TESTING PROCEDURE

Volunteers/Interns are tested:

- A. Based on reasonable suspicion.
- B. After on the job injuries,
- C. Randomly if in safety sensitive positions.

III REFUSAL CONSEQUENCES

- A. Refusal to test results in termination from volunteer/intern position
- B. Refusal may forfeit eligibility for workers compensation benefits

IV POSITIVE TEST RESULTS

- A. Termination from volunteer/intern position. Tests are conducted by licensed laboratories; results verified by a Medical Review Officer (MRO).

V APPEAL AND RETESTING

- A. Volunteers can contest or explain positive results to the MRO or City
- B. Retesting at another licensed lab is possible within a specified timeframe

VI ADDITIONAL INFORMATION

- A. Access to confidential consultation with the MRO
- B. Lists of drugs tested and common medications affecting test provided
- C. Policy subject to change at any time.

Adherence to the Drug- Free Workplace Policy is mandatory for all volunteers and interns as a condition of service.

VOLUNTEER/INTERN

VOLUNTEER/SIGNATURE

WITNESS SIGNATURE

DATE



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CITY OF PLANTATION

Drug-Free Workplace

**VOLUNTEER/INTERN ACKNOWLEDGMENT OF RECEIPT
OF SUMMARY OF DRUG-FREE WORKPLACE POLICY**

I, _____, hereby acknowledge that I have received a copy of City of Plantation's Summary of Drug-Free Workplace Policy, consisting of this page and the five (5) preceding typewritten pages, on the date indicated below. I understand that on the effective date of the policy, it will be a condition of my employment to refrain from reporting to work or working with the presence of drugs or alcohol in my body.

Volunteer/Signature

Date

Witness Signature

Date



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**CITY OF PLANTATION
CERTIFICATE OF AGREEMENT AND RELEASE FOR DRUG TESTING**

I hereby certify that I have received and read the “Summary of the City of Plantation’s Drug-Free Workplace Policy” regarding substance abuse.

I hereby consent to submit to drug and alcohol testing of my urine and/or blood and/or hair at any time requested by the City pursuant to the City’s Drug-Free Workplace Policy and Work Rules. I hereby authorize and give full permission to have the City’s contracted medical provider, their staff, and/or their associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs and/or alcohol. I authorize the release of the results of such tests, positive or negative, to a Medical Review Officer selected by the City and to the Human Resources Department.

I understand that failure to comply with a request to submit to a drug and/or alcohol test by an authorized City representative, or that a positive confirmed result from a drug and/or alcohol test may lead to termination of my employment.

Volunteer Name

Volunteer Signature

Date

Witnessed Signature

Date



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CITY OF PLANTATION

RECEIPT OF VOLUNTEER/INTERN HANDBOOK

I _____ acknowledge that I have received a copy of the City's Volunteer/Intern Handbook. I understand that the information contained in the Handbook is intended only as a general guide for Volunteer/Interns. The Handbook does not constitute any form of employment contract or guarantee; and that policies set forth in the Volunteer/Intern Handbook are subject to change at any time by the City without prior notice.

VOLUNTEER SIGNATURE

Scan QR Code

HUMAN RESOURCES REPRESENTATIVE

