

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

MINOR

**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 – MINOR CHILD

**NOTICE TO THE MINOR CHILD'S  
NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY, YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF PLANTATION USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE THAT YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF PLANTATION IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF PLANTATION HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

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 Parent or Legal Guardian

**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 UNDER THE AGE OF 18 (MINORS)**

In case of a medical emergency concerning \_\_\_\_\_, in the event that the City of Plantation attempts to contact me at \_\_\_\_\_ or to contact \_\_\_\_\_ at \_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_, a minor, who resides at \_\_\_\_\_, in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of Florida, who is a volunteer at the City of Plantation, hereby give my consent for:

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

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery. The following information may be released to the attending medical personnel, hospital, or licensed physician:

Allergies: \_\_\_\_\_

Present medication: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

Pre-existing medical conditions: \_\_\_\_\_

Prior surgery: \_\_\_\_\_

Pertinent facts physicians should be alerted to: \_\_\_\_\_

Family Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

**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/Intern s 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.

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\_\_\_\_\_  
**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.

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**VOLUNTEER/INTERN**

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**VOLUNTEER/SIGNATURE**

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**WITNESS SIGNATURE**

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**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.

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**Volunteer/Signature**

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**Date**

---

**Witness Signature**

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**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**



**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.

<b>VOLUNTEER SIGNATURE</b>	<b><u>Scan QR Code</u></b>
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**HUMAN RESOURCES REPRESENTATIVE**

