



# VOLUNTEER APPLICATION

Thank you for your interest in Drug Free  
Charlotte County. Please Print

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Local Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male \_\_\_\_\_ Female

Home Telephone: \_\_\_\_\_ Other Telephone (indicate cell, work, etc): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  Add me to the Volunteer Mailing List

PLEASE PRINT-Emergency Contact: \_\_\_\_\_  
(Name) (Contact Number)

Relationship of Emergency Contact: \_\_\_\_\_

Please check all of the Volunteer Opportunities that interest you:

- General Office
- Data Entry
- Mailings
- Telephone Calling
- Special Projects (one-time)
- Events (this covers a broad range of activities with middle school and/or high school students)
- Photography/videography
- Mentoring
- Disseminating information
- Other: \_\_\_\_\_

How did you hear about Drug Free Charlotte County?

Organization affiliation (i.e. employer, church, service group, school, etc?) \_\_\_\_\_

Individual Relationship (DFCC Board Member, staff – a connection you want us to know about)

Person(s) Name: \_\_\_\_\_

Interested in becoming a regular DFCC Volunteer? If YES,  Monthly  Weekly  Seasonal

### Additional Questions – for Community Service Volunteers:

1. Are you volunteering as a result of **Court-Ordered Community Service**?  YES  NO  OTHER

a. If YES, have you been convicted of any prior offenses?  YES  NO

b. What is your current offense related to the required community service hours?

\_\_\_\_\_

### All Community Service Volunteers:

2. How many hours are you required to complete? \_\_\_\_\_

3. Hours to be completed by: (Date) \_\_\_\_\_

**PLEASE FILL OUT WAIVER OF LIABILITY ON BACK**

**Drug Free Charlotte County**

**1445 Education Way, Port Charlotte, FL 33948**

**Drug Free Charlotte County Volunteer Release and Waiver of Liability**  
**Please read carefully. This is a legal document.**

This Release and Waiver of Liability (the "Release") executed on this date, \_\_\_\_\_  
(INSERT DATE)

BY \_\_\_\_\_ (the "Volunteer"), and, if applicable, in conjunction with  
(PRINT NAME)  
\_\_\_\_\_, the parent having legal custody or legal guardianship of the volunteer,  
(PRINT NAME OF PARENT/GUARDIAN, IF UNDER 18 YRS)

In favor of Drug Free Charlotte County (DFCC), a Florida nonprofit, tax exempt 501(c)3 corporation, their director, officers, employees, and agents (collectively Drug Free Charlotte County or DFCC).

The Volunteer desires to work as a volunteer for DFCC and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include working in the DFCC offices, special offsite projects, and events involving transportation to offsite locations.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

- 1. Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless DFCC and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with DFCC. Volunteer understands that this Release discharges DFCC from any liability or claim that the Volunteer may have against DFCC with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's activities with DFCC whether caused by the negligence of DFCC or its officers, dilators, employees, or agents or otherwise. Volunteer also understands that DFCC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.
- 2. Medical Treatment.** Volunteer does hereby release and forever discharge DFCC from any claim whatever which arise or may hereafter arise on account of any first aid treatments or service rendered in connection with the volunteer's Activities with DFCC or with the decision by any representative or agent of DFCC to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor child.
- 3. Assumption of the Risk.** Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases DFCC from all liability for injury, illness, death or property damage resulting from the Activities.
- 4. Insurance.** The Volunteer understands that, except as otherwise agreed to by DFCC in writing, DFCC does not carry or maintain health, medical or disability insurance coverage for any Volunteer.
- 5. Photographic Release.** Volunteer does hereby grant and convey unto DFCC all right, title and interest in any and all photographic images and video or audio recordings made by DFCC during the Volunteer's Activities with DFCC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Other.** Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdictions the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.
- 7. Drug Free Charlotte County has a zero-tolerance policy regarding sexual harassment. Any infractions will result in immediate dismissal.**

By signing below, the Volunteer and, if applicable the parent/guardian, has read, understood, and executed this Release as of the date first above written.

Parent/Guardian: \_\_\_\_\_ Volunteer: \_\_\_\_\_

**Please mail, drop off or fax your application to:**

**Drug Free Charlotte County**  
**1445 Education Way, Port Charlotte, FL 33948**  
**941-255-0808, ext 3157**  
**FAX: 941-255-7573**