



# LEE COUNTY PARKS & RECREATION VOLUNTEER GROUP APPLICATION

Please complete this application to become a registered volunteer group.  
Volunteer Services: 3410 Palm Beach Blvd \* Ft Myers, FL 33916  
239-432-2159 office \* 239-432-2030 fax.  
kcahill@leegov.com / www.leeparks.org



## Volunteer Group Leader Information

Lee County Parks & Recreation is dedicated to providing the best programs and facilities for Southwest Florida. By becoming a Volunteer Group Leader for Lee County Parks and Recreation you will become an integral part of our mission. We appreciate the efforts of each of our volunteers. Any questions can be addressed to Volunteer Services at 239-423-2159.

### Responsibilities

It is important to keep track of the number of service hours you and your team of volunteers contribute. This information is collected by Volunteer Services after your project is complete. Before you get started, notify your Facility Supervisor two weeks prior to your planned activity to be sure it is an appropriate time. Each worksite may have specialized requirements that will be relayed to you by your Facility Supervisor. Please remember that while you are volunteering you and your group will be representing Lee County. Volunteers must follow the policies and procedures governing regular staff. The Volunteer Staff Handbook is available online at [www.leeparks.org](http://www.leeparks.org). A sign in sheet must be completed by the group leader and returned to the site supervisor or Volunteer Services after the project is complete.

### Volunteer Group Information

Where would your group like to Volunteer?

Leader's Name:

Date:

Contact number:

Email address:

Group Name:

Mission of the Group:

Anticipated number of participants:

Are any 18 years or younger?

How often do you plan to volunteer:

Special accommodations:

**Lee County requires a background check on all adult applicants prior to volunteering**

Background checks are conducted to protect the public and all staff. Lee County reserves the right to not consider your application. Please provide the following information:

Have you ever been convicted of any offense(s) other than minor traffic violations?

Example: DUI, petty theft, underage drinking, trespassing, driving while suspended, etc

Yes or  No

If yes please explain:

**PLEASE SIGN AND COMPLETE the Acknowledgement of Understanding  
and return it with your Registration Form to Volunteer Services.**

**Workers' Compensation for Volunteer GROUPS**

Lee County Parks and Recreation Volunteers may be covered for medical benefits in case of accident or injury while volunteering under Lee County's Workers' Compensation Program. The insurance is managed by Lee County Risk Management with specific policies and procedures. Please read the following procedures, and sign on the upper portion of this page to indicate that you understand the procedures. If you have questions please call Volunteer Services at 239-432-2159 or 239-707-0876 cell.

Part I – If you are injured in a **WORK-RELATED ACCIDENT THAT IS NOT LIFE THREATENING**, you must do the following:

1. Report the injury to your supervisor or manager immediately.
2. For all injuries that require more than just basic first aid, the injured employee should report to:

Lee Convenient Care Central  
4771 S. Cleveland Avenue (next to Pep Boys at Page Field)  
Hours of operation: 7:00 AM to 7:00 PM, 7-days a week, including holidays  
239-343-9800

Urgent Care of Southwest Florida - Care Cape Coral  
1708 Cape Coral Pkwy W, Suite 2  
Hours of operation: (M-F)8:00 AM to 8:00 PM, Sat 9am-5pm Sun 11am-4pm  
239-333-3333

Urgent Care of Southwest Florida - Estero  
10201 Arcos Ave Suite 105  
Hours of operation: (M-F) 8:00 AM to 8:00 PM, Sat 9am-5pm Sun 11am-4pm  
239-333-2273

- A. Authorization for treatment must be obtained prior to treatment. Authorization can be obtained through Risk Management 239-533-2309/2310 or through Employee Health Services 239-533-2067.
  - B. Any additional medical treatment such as transfers of care to a specialist would require authorization from your Workers' Compensation Adjuster.
  - C. Prescriptions given to injured employee by authorized physicians can be filled at any local pharmacy. Employees can use the "Prescription Program for Work Related Injuries" form in order to obtain prescriptions or employees are may be required to secure receipts for reimbursement.
3. Complete an "Employee Injury-Illness Report" form and fax a copy to Risk Management at 239-485-2154 and Employee Health Services at 239-485-2094 within 24 hours. The original can follow by inter-office mail.
  4. Employee shall do the following:
    - a. Attend all scheduled appointments with authorized workers' compensation physicians.
    - b. Follow all instructions given to them by the authorized workers' compensation physicians.
    - c. Contact your Workers' Compensation Adjuster and/or Risk Management with concerns about their claim.

Part II – **WORK-RELATED INJURY THAT OCCURS AFTER HOURS, WEEKENDS, OR HOLIDAYS**, which is **NOT LIFE TREATENING**, you must do the following:

1. Report the injury to your supervisor or manager immediately.
2. Follow steps 2b-2c, step 3, and step 4 in Part I.

Part III – **WORK-RELATED INJURY THAT IS LIFE THREATENING AND REQUIRE IMMEDIATE Medical Attention, immediately CALL 9-1-1:**

1. Immediately report the injury to your supervisor or manager.
2. Ask a representative from the hospital to call Risk Management at 239-533-2309 or 239-533-2310 or Employee Health Services at 239-533-2067.
3. Follow steps 2a-2c, step 3, and step 4 in Part I.

*Revised June 2010*

**Acknowledgement of Understanding of Workers' Compensation Procedures**

I understand the policies and procedures for reporting and seeking medical treatment for on-the-job injuries and accidents while volunteering for Lee County Parks and Recreation. I understand that if I do not follow these procedures I may be denied certain benefits and/or may be personally liable for expenses incurred. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature.

**Please Sign that you understand**

Signature:

Print name:



**INFORMATION DISCLOSURE RELEASE  
GROUP LEADER ONLY  
(must complete for background check)**



Name:		Social Security Number:	
Address:			
City, State Zip:			
Birth Date:		Phone Number:	
Driver's License Number:			State:
Other States in which you have had a driver's license in the past ten years:			

I UNDERSTAND pursuant to the requirements of the Fair Credit Reporting Act, a *consumer report* may be made in connection with my volunteer application. If I am denied the opportunity to volunteer, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to me of the name and address of the consumer-reporting agency making such a report. I will also receive a copy of the report and a statement of my consumer rights. I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report at the time of my application, or at anytime during my volunteer service with Lee County.

Note: The term "Consumer Report" means a report by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for: (a) credit or insurance to be used primarily for personal, family, or household purposes; (b) employment purposes; or (c) any other purpose authorized by 15 U.S.C § 1681(6)..

<b>Please Sign that you understand</b>	
Signature:	Date:



**LEE COUNTY PARKS AND RECREATION  
PARTICIPANT WAIVER FORM**

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS AND RECREATION PROGRAMS/ACTIVITIES** PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Park programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

I hereby grant permission for myself or my child to be photographed or recorded in connection with any Lee County Parks and Recreation Promotion. I understand that any photographs or other types of media production may be used for purposes, including but not limited to, public service announcements, department brochures, and other programs shown to the general public.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature.**

**Please Sign that you understand**

Signature:

Date:



### EVENT SIGN IN SHEET

Event Name:	Date:
Location:	Number of hours:

### Please sign that you understand Waiver Form

Signature	Print name
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