

B.R.A.V.E.*

Volunteer Handbook

***Brevardians Responding As Volunteers**



Office of the County Manager

Brevard County Government Center, 2725 Judge Fran Jamieson Way, Building C., Viera, FL 32940 321-633-2001

Welcome to the Brevard County Team!

On behalf of the Board of County Commissioners, County employees and all the residents of Brevard County I want to thank you for contributing your time and talents to the citizens of Brevard County.

You play a very important role in providing necessary services to the residents of Brevard County. Because of your efforts, we are able to provide a higher level of service at a lower cost to taxpayers. Your service and contributions are invaluable. Most importantly, you are making a difference in your county!

Volunteers span a variety of ages, come from diverse backgrounds and experiences and have a multitude of skill levels. But all volunteers share one thing in common—they care about the community.

We recognize that your time is valuable and again thank you for choosing to spend some of it helping your community and your neighbors. We hope that you find your association with County Government to be rewarding and satisfying.

Very truly yours,

A handwritten signature in blue ink that reads 'Frank Abbate'.

Frank Abbate
County Manager

Brevard County Board of County Commissioners Mission Statement:

To contribute to enhancing and ensuring Brevard's quality of life...today and always!

Volunteers are expected to provide a high level of customer service in accordance with this mission

Our Vision

- Providing for the health, education and social needs of our citizens
- Protecting and conserving our valuable natural resources
- Sustaining a strong and diverse economic base to financially support a quality lifestyle
- Creating cooperative partnerships between government, business, community organizations and our residents

BRAVE Volunteer Program Mission Statement:

BRAVE is a Volunteer Program of the Brevard County Board of County Commissioners. The program was established for the purpose of providing and enhancing quality services by encouraging citizen participation through volunteerism in County government.

BRAVE welcomes the contribution of a wide variety of skills and talents of individuals and/or groups to add support to County departments and expand services to the public.

The mission of the BRAVE Volunteer Coordinator is to determine the volunteer needs of all the County Departments and to try to meet their needs through the placement of volunteers, while also helping to provide volunteers and interns with meaningful and enriching opportunities that they enjoy and feel well-matched for.

Handbook Use and Purpose

The BRAVE Volunteer Handbook provides volunteer guidelines for everyday operations. The guidelines may, at the discretion of the volunteer coordinator or County Department Director and staff, be modified or changed. The Handbook does not address every possible situation. If volunteers have questions regarding a situation, guidelines or other volunteer-related comments, please contact the Volunteer Coordinator in the respective Department. (Phone numbers for each Department appears on the Organization Chart at the beginning of the Handbook).

Equal Employment Statement

Brevard Country provides equal opportunity to all employees and applicants without regard to race, color, religion, gender, sexual orientation, national original, age, disability or veteran status and complies with all applicable state and local laws regarding nondiscrimination. This also applies to volunteers.

B.R.A.V.E. Volunteer Handbook

Table of Contents

Definition of a Volunteer.....	1
Volunteer Placement Processes... ..	2
Policies and Procedures	4
Roles and Responsibilities.....	6
Risk Management and Safety: Guidelines and Policies.....	7
Statement on Volunteerism	8
Appendices	9
Application	
Release of Information	
Volunteer Acknowledgement (Worker’s Compensation)	
Address Form	
Sample Time Sheet	
Group Sign-in Sheet	

Special Acknowledgement: Thank you to the many volunteer coordinators, students and volunteers who have provided assistance this year and in years past to produce this handbook.

For more information, please contact: Jennifer Kerr, BRAVE Volunteer Coordinator
Brevard County Office of Human Resources
2725 Judge Fran Jamieson Way – Bldg. B209
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B.R.A.V.E. Volunteer Program

Brevardians Responding As Volunteers

Definition of a Volunteer:

- “Volunteer” means a person who provides goods or services to any entity of County Government without receiving monetary or material compensation, to include those who provide the goods/services of their own free will and also those desiring to meet college service learning, Bright Futures, college credit or community service requirements.
 - Classes of Volunteers:
 - a) “Regular-service volunteer” means a person engaged in specific voluntary service activities on an ongoing or continual basis.
 - b) “Occasional-service volunteer” means a person who offers to provide a one-time or occasional voluntary service.
 - c) “Material donor” means a person who provides funds, materials or employment opportunities for clients of County government without receiving monetary or material compensation. SPECIFIC AUTHORITY, FS 125.9501-06
 - Brevard County provides all of its volunteers, staff and employees with the opportunity to conduct their day-to-day responsibilities in a drug, alcohol and smoke free environment. There are also designated smoking areas on the grounds of the campus.
 - Benefits of Volunteering:
 - Volunteers can gain valuable education and experience in their roles with the County including keeping their résumés current and their skills fresh, staying connected with the workplace, staying active and involved, exploring new options, making new friends, and most importantly....making a difference.
 - Other advantages include:
 - Insurance: Workers’ Compensation Insurance (medical expense only) coverage is provided to all registered volunteers who are injured while performing their assigned duties.
 - Obtaining a Brevard County ID badge
 - Receiving training in a County department
 - Receiving recognition from staff and the community.
 - Tax Deductions: (expenses that are deductible)*
 - Out-of-Pocket expenses that you pay in rendering services without compensation.
 - Dues, fees, or assessments that you pay to qualified organizations.
 - If you are a chosen representative attending a convention for the organization, you may deduct non-reimbursed expenses for travel and transportation.
 - Telephone bills – those portions directly related to volunteer service.
 - Automobile expenses – mileage needs to be kept.
- *(Check with your tax accountant or the Internal Revenue Service for more details).

Volunteer Placement Processes:

1. Application: As a potential volunteer, you will need to complete an appropriate Volunteer Application packet and provide a photo ID. Applicants under the age of 18 must have the written consent of a parent or guardian prior to volunteering.
2. Personal Interview and Orientation: Upon review of your application, the BRAVE Coordinator will interview you regarding your skills, qualifications, interest and goals. We try to match your preferences and skills with the most appropriate volunteer position. Your introduction to Brevard County and the BRAVE Volunteer Program includes:
 - a. BRAVE's purpose and goals.
 - b. Brevard County organizational chart and departmental functions.
 - c. Examples of volunteer opportunities.
3. Background Screening: In an effort to ensure the safety and security of County residents, employees and volunteers, Brevard County has taken steps to establish a consistent countywide background screening procedure for new employees and volunteers.
 - a. All new volunteers will undergo a Level 3 background screening which includes state and local criminal checks, Florida and out-of-state registered sexual predator and sex offender checks, and personal reference checks.
 - b. Certain positions require a Level 1 or 2 background screening.
 - c. Level 2 screenings are performed on those volunteers who work *supervised* with at-risk populations, and includes all checks listed in (a) as well as an out of state criminal check and Florida Department of Law Enforcement (FDLE) check.
 - d. Level 1 screenings are performed on those volunteers who work *unsupervised* with an at-risk population and includes all checks listed in (a) and (c) in addition to fingerprinting and a national FBI criminal investigation check.
 - e. Any material misrepresentation of facts shall be considered basis for rejection of the BRAVE volunteer application or discharge if accepted. After the background screening is satisfactorily completed, the applicant may be accepted for service.
4. Placement: An initial interview will be arranged for you to meet with the supervisor in the department chosen. This will give you an opportunity to further discuss the volunteer duties and the departments' function. When an agreement is reached between you and the department selected, a placement will be made.
5. Orientation and Introduction to the Department: After placement has been made, you will be introduced to the department and oriented to the following:
 - a. Introduction to staff and tour the facility.
 - b. Function of the department, office programs and services.
 - c. Departmental Policies (work standards, personal use of the telephone, dress code, confidentiality, etc.). You are expected to adhere to the same ethical and legal standards as is required by paid County employees.
 - d. Volunteers are eligible for Worker's Compensation coverage in case of an accident while performing their volunteer duties (medical expenses only; see Risk Management and Safety Guidelines, p. 10).
6. Duties, Responsibilities and Training: Your supervisor will review with you the aspects of your volunteer position, such as:

- a. Job description, responsibilities, expectations and limitations.
 - b. Duration of assignment and work schedule.
 - c. Necessary skills and use of equipment as needed
 - d. On-the-job safety rules for use of all equipment. (Use of departmental equipment is for volunteer assignments only. County policy prohibits the use of County equipment for personal use).
7. Speaking to the Media: The Department Director, management and public relations specialists are the only persons authorized to speak with the media. Volunteers will be alerted prior to the appearance of media. If volunteers are requested to appear on camera, the appearance will be pre-arranged and the volunteer will be notified.
8. Smoking Policy: Smoking shall be prohibited inside all buildings at the Government Center. Persons smoking tobacco or other products including e-cigarettes in buildings shall be in violation of State law and County ordinance.
9. Volunteer Rights: Volunteers have the right to:
- Receive Worker's Compensation under State of Florida law
 - Know Florida law as it pertains to the volunteer program
 - Receive the same fair personnel practices as paid staff
 - Have their time used effectively
 - Receive clear and non-conflicting guidance, support and direction
 - Be kept informed of activities pertaining to their volunteer assignments
 - Receive counseling and training on new and difficult assignments
 - Receive appropriate orientation, training and supervision
 - Be assigned jobs that are worthwhile and challenging
 - Be aware of the operation of the County
 - Have opportunities for growth
 - Be offered a variety of experiences
 - Receive regular, clear feedback on the quality and effectiveness of their work
 - Be recognized for their contributions
 - Have an opportunity to provide input into the volunteer program
 - Be assigned a supervisor
10. Grievances and Complaints: To file a grievance or complaint, volunteers should contact the Volunteer Coordinator of the Department in which they are volunteering. Formal complaints must be submitted in writing within 15 days of the incident. If volunteers have a complaint that they feel uncomfortable sharing with the Volunteer Coordinator, they should contact the Department Director.
11. Public Employees/Officers: Public officers/employees may not voluntarily perform services which are the same as or are similar to duties they are paid to perform by the same public agency.

Policies and Procedures:

The Brevard County Board of County Commissioners encourages volunteer participation by individuals and groups in all County departments and programs. Each department and program accepts the service of volunteers with the understanding that such service is at the sole discretion of each program.

Dress code: Wear neat and clean attire, appropriate for the activity/job assigned and work location.

I.D. Badge: An I.D. badge will be issued to you identifying you as a "Volunteer" and must be worn during work periods. *Upon your separation from your volunteer assignment, badges must be returned to the issuing office.*

Work Schedule: Keep to your assigned work schedule and report on time to assignments. Please notify your supervisor as soon as possible when you are unable to come in as scheduled.

Time sheets: You are requested to report your hours to your direct supervisor. Maintain records of your volunteer time, which will include your name, dates worked and hours of service. Log in or report to your supervisor at the beginning and end of each work session. This is especially important in case of an emergency.

E-mail use: Work related correspondence on the County e-mail system is considered a public document and is open for public inspection, therefore, it should be reviewed and approved by your supervisor first to ensure content and recipient(s) are appropriate. County policy prohibits use of County e-mail for personal purposes.

Reassignment: Volunteers who are at any time reassigned to a new position shall be interviewed for that position and shall receive all appropriate orientation and training for that position before beginning to work. In addition, any screening procedures appropriate for the specific position must be completed, even if the volunteer has already been working with the program.

Concerns and Grievances: Problems may arise from time to time during a volunteer assignment. Any concerns or grievances should be brought to the attention of your direct supervisor and the BRAVE Coordinator as soon as possible.

Resignation from Assignment: We ask that you provide advance notice of your intentions to resign and a reason for your decision. Your "feedback" is important to the County – you can help us improve this program for future volunteers.

Volunteer Recognition: We try throughout the year to verbally express how much we appreciate your talents and contributions of time as a volunteer. Also, every other month a volunteer is recognized in front of the Board of County Commissioners in a ceremony entitled "Volunteer Stars Light Up Brevard".

Conflict of interest: Volunteers should avoid any conflict of interest and base business decisions on Brevard County's requirements to fulfill its mission rather than their own needs, personal gain or personal philosophy. Conflict of interest means a situation in which the volunteer's regard for his/her special private gain tends to lead to disregard of a public duty or interest.

Representation of the Program: A Volunteer is prohibited from representing or holding him/herself out as a spokesperson or representative of the BRAVE program of Brevard County generally or obligating the program or County in any manner. These actions include, but are not limited to public statements to the press, lobbying efforts with other organizations, collaborations or joint initiatives or entering into any agreements or contractual obligations. Volunteers are authorized to act as representatives of the program as specifically indicated within their position description and only to the extent of such written specifications. *Nothing in this paragraph is intended to prohibit a Volunteer from expressing his/her personal opinion as protected by the First Amendment.*

Work Ethic: Work within the rules set by the department in which you are assigned and maintain a high level of work standard and ethic.

Performance: Perform any task assigned and approved by your supervisor to the best of your ability.

Public Trust: Volunteers are public servants and as such are subject to public trust requirements. Anything that diminishes the public trust of the volunteer while he or she is given responsibility for public resources may lead to transfer or removal of the volunteer from the BRAVE Program.

Training Responsibility: Take the opportunity to be trained for your assignment, including safety aspects.

Loyalty: Remain loyal to the values, goals and procedures of the BRAVE program.

Confidentiality: Maintain strict confidentiality with any information to which you may have access within your volunteer assignment.

Volunteers are prohibited from using information not available to the public and obtained by reason of their volunteer positions. Any unauthorized disclosure of confidential information may result in the removal from the program. Your program manager will inform you of special confidentiality items for your work area.

Rule Adherence: Adhere to the County's Discriminatory Harassment Policy (BCC-4), Drug and Alcohol Testing Policy (BCC-7), which are available for review upon request, and the guidelines and procedures for volunteers outlined in this handbook.

Dismissal: Volunteers who do not adhere to the policies, procedures and standards of the County or the department they are assigned to, or volunteers who fail to satisfactorily perform their volunteer assignment, are subject to removal by the appointing authority in their area of Assignment or the BRAVE Volunteer Program Coordinator. Some other reasons for dismissal may include but not be limited to:

- attendance problems: absenteeism, lateness or other issues;
- poor attitude: cannot accept suggestions or criticism, is negative to the public or co-workers, socializes too much, engages in behavior that creates a negative work environment;
- difficulty with volunteer duties: has to be supervised at all times, does not follow instructions when given, fails to recognize errors or problems, takes no initiative;
- others, such as: theft, carelessness which endangers the life or safety of self or others, evidence of the use of controlled substances or alcohol while volunteering, acts of violence or criminal behaviors, breach of confidentiality, et al.

Roles and Responsibilities:

County Personnel:

- Will do our best to help you find an assignment that is appropriate for your skills, interests and availability;
- Will respond to your inquiries and process your application and background screen in a timely manner;
- Will provide an orientation and training appropriate to your assignment;
- Will provide you with a volunteer time sheet to record the amount and type of work done;
- Will provide you with adequate space, equipment and supplies to enable you to do your volunteer job;
- Will treat you with respect and courtesy;
- Will provide you with an opportunity to express concerns and/or provide feedback

Volunteer:

- Will consider volunteering a serious commitment;
- Will be a dependable team player and a flexible, open-minded member of the Department;
- Will report on time for all shifts and events that you have agreed to attend;
- Will notify supervisor in advance if you are unable to meet a scheduled commitment;
- Will perform your duties in a safe and responsible way;
- Will comply with all policies and procedures of the County and also as outlined in this handbook;
- Will express concerns and/or feedback when requested to supervisor or Volunteer Coordinator

All:

- Will cooperate with each other and maintain a positive attitude;
- Will remember that you represent Brevard County at all times.
- Will respect each other's time, space and personal preferences.

Risk Management and Safety Volunteer Guidelines:

- Volunteers must attend a Volunteer Orientation, if offered by the department to which the volunteer is assigned, which will include the Right-to-Know, Workers' Compensation, Safety Information, Standard of Conduct, etc.
- Where required, volunteers will receive specific safety training for their assignments. All volunteers need to be safety conscious and be aware of and avoid any potential danger or hazards in the workplace.
- When personal protection equipment is required for the position, the volunteer must either provide his own, or be properly equipped by the department, and be trained in the use of the equipment prior to engaging in any such work.
- Volunteers are permitted to drive County vehicles and operate County equipment when they are properly licensed or certified. Prior to operating any vehicle the department shall perform a driver's license check for prior offenses.

Risk Management and Safety Volunteer Policies:

Accident Reporting: Accident reports need to be completed for every accident, regardless of the need for medical care. It is your responsibility to report any accidents, regardless of their severity, to your direct supervisor within 24 hours.

Since all volunteers are covered by Workers' Compensation Insurance (medical expenses only), if you become injured while volunteering for the County, it is your responsibility to notify your supervisor/manager immediately! When a supervisor/manager is not available during normal business hours, you must contact the Risk Management Office at (321) 633-2037.

Medical Emergencies: In the event of any medical emergency, the priority is the immediate safety of all individuals involved. As a general rule, the following steps should be followed:

1. Assess the situation to be sure it is safe to help. (Injuries to those trying to help will only make a bad situation worse.)
2. **IN CASE OF EMERGENCY OR LIFE THREATENING INJURIES CALL 911 AND NOTIFY STAFF AS SOON AS POSSIBLE.**
3. Do not move a person with unknown injuries until medical help arrives and the situation can be professionally assessed.
4. Complete an Accident/Safety report with direct supervisor as soon after the accident as possible

Volunteerism

Volunteer service is a valuable contribution which benefits both the volunteer and the community.

Your strong commitment will empower you to make a difference in your own life as well as many others.

You will have the opportunity to develop skills in areas that interest you.

As you work in partnership with paid staff and fellow volunteers you will be contributing to the achievement of the vision, mission and goals of the B.R.A.V.E. volunteer program of Brevard County Government.

Take this opportunity to get connected, involved and engaged as a Volunteer in your community.

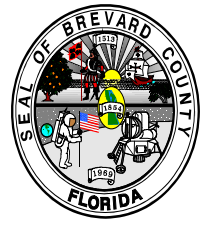
The Board of County Commissioners, County staff and the citizens of Brevard County say—

Thank You!

APPENDICES



Brevard County Board of County Commissioners
BRAVE Program Volunteer and Intern Application



Name _____

Address _____

Phone _____ Other phone _____

Email address _____

Are you under 18? no yes **If yes, parent or legal guardian signature required.**

Emergency Contact _____

Phone _____ Relationship _____

How did you hear about the BRAVE Program? _____

Are you looking for an Internship placement? yes no (Note: Brevard County does not have a paid intern program)

FOR INTERNSHIP APPLICANTS ONLY:

University/College _____ Program Major _____

Semester Dates _____ Required number of hours _____

Why are you interested in volunteering or interning with Brevard County Government? _____

Is there a specific volunteer or intern position that interests you? _____

Please list any previous volunteer or intern experience _____

Please list any special training or skills _____

What is your availability?

Hours available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Length of time you are available (1 month, 6 months, indefinite, etc.) _____

Law Violation Record

Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense? yes no. If yes, provide details (offense, date, place and disposition) on a separate sheet of paper. **Note: A 'yes' answer to this question will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the volunteer position will be considered.**

Read this section carefully before you sign

I certify that each answer to the questions in this application and all other information provided by me is true and correct to the best of my knowledge. I understand that any misrepresentations of facts shall be considered basis for rejection of my BRAVE Volunteer/Intern application or discharge if accepted. I authorize Brevard County to verify information in this application. I understand that a background screening will be conducted as it applies to the volunteer assignment in which I have expressed an interest and I give my consent to the same. I understand that all such information collected during the screening will be kept confidential.

I agree to abide by and comply with all rules, regulations, policies and practices of Brevard County Government and with all procedures established for volunteers. I have read and understand the above.

Applicant's Signature _____ Date _____

Parental Permission (required for volunteers under age 18)

I hereby give my permission for my child to participate as a volunteer in the Brevard County Government's BRAVE Volunteer & Intern Program. I have read and understand the above.

Parent/Guardian Signature _____ Date _____

For office use only	
Interviewed by _____	Date of Interview _____
Background screening level _____	Date completed _____
Assignment _____	Supervisor _____
ID badge number _____	Start date _____ End date _____
Reason for leaving _____	

VOLUNTEER ACKNOWLEDGEMENT

Brevard County Board of County Commissioners encourages volunteer participation by individuals and groups in County departments, offices, and facilities. "Volunteer" means a person who, of his/her own free will, provides goods or services to any unit of County Government or to any County Charter Officer without receiving monetary or material compensation. The following are classes of volunteers:

1. DEFINITION:

- a) "Regular-service volunteer" means a person engaged in specific voluntary service activities on an ongoing or continual basis.
- b) "Occasional-service volunteer" means a person who offers to provide a one-time or occasional voluntary service.
- c) "Material donor" means a person who provides funds, materials, employment or opportunities for clients of County Government without receiving monetary or material compensation. Specific Authority, Florida Statute FS 125.9501-06

The State of Florida makes certain provision for volunteers who are injured while performing voluntary service activities. In the event of an accident resulting in injury or illness, volunteers are eligible for Workers' Compensation, **medical benefits only**, in accordance with Chapter 440, Florida Statutes.

VOLUNTEER REPORTING REQUIREMENTS:

In order to provide the most timely and suitable quality medical care in the event of an injury at the worksite where you are volunteering your services, the County provides access to primary care and occupational medicine physicians under our Workers' Compensation statutory obligations as a public entity employer.

The following procedures must be followed for all volunteer work-related injuries and/or illnesses. It is important to note that Florida Statute 440.134(17) states "...Treatment received outside the Workers' Compensation Managed Care Arrangement is not compensable unless authorized by the carrier prior to the treatment date."

If you are injured while performing voluntary service activities:

- Report your injury to a Supervisor/Manager immediately. When a Supervisor or Manager is unavailable during normal business hours, you may contact the Risk Management Office at (321) 633-2037 to report your injury.

IN CASE OF EMERGENCY OR LIFE THREATENING INJURIES, SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST HOSPITAL.

- Report promptly any volunteer work-related injury to a Supervisor at the worksite.
- Follow the Primary Care Physician or "PCP's" instructions for any medical specialist referral or treatment.
- Ensure all medical treatment is handled only through the PCP (Primary Care Physician).
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- Follow established grievance procedures to resolve any dissatisfaction with medical treatment. I understand that a grievance form and a copy of the grievance procedures will be provided to me in the event that I am injured at the volunteer worksite.
- A directory of medical care providers and a manual explaining fully the managed care process is available and can be provided by asking a supervisor at the worksite where I am volunteering or may have volunteered my services.

Please sign below to indicate that you have read and do understand what your responsibilities are and what procedures you should follow under our Managed Care Program in the event of an injury or illness.

Name (please print): _____ Department _____

Signature _____ Date _____

Parent Name (If Volunteer <18) _____

Parent Signature _____ Date _____

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

**AUTHORIZATION
TO RELEASE INFORMATION**

Applicant's name: _____
 First Middle Last

Include other name(s) by which the Applicant may be known: _____

Applicant's current address (Street, City, State, Zip Code): _____

Applicant's Phone Number(s): (____) _____ (____) _____

Applicant's Date of Birth: _____

Department/Agency contact person: _____

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this **Authorization to Release Information** by the above-stated agency to release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, verification of education, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application for employment or to be a volunteer at the agency.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

Signature of Prospective Employee / Volunteer

Date

Parent/Guardian Signature (if under 18)

Date

***** ATTENTION DEPARTMENT/AGENCY *****

Send original to Human Resources

Please attach to the Background Investigation Checklist and send to Human Resources.

ADDRESS HISTORY FORM

TO BE COMPLETED BY BREVARD COUNTY REPRESENTATIVE:

NUMBER OF YEARS OF ADDRESS HISTORY (based on security level)

2 years (Low Level)

7 years (Moderate Level)

TO BE COMPLETED BY APPLICANT:

Applicant Name:

Date of Birth:

Please list the dates (from/to) and addresses of places lived for the number of years indicated above, beginning with the MOST recent.

1. From: To: Street address:

City: County: State: Zip:

2. From: To: Street address:

City: County: State: Zip:

3. From: To: Street address:

City: County: State: Zip:

4. From: To: Street address:

City: County: State: Zip:

5. From: To: Street address:

City: County: State: Zip:

6. From: To: Street address:

City: County: State: Zip:

7. From: To: Street address:

City: County: State: Zip:

8. From: To: Street address:

City: County: State: Zip:

9. From: To: Street address:

City: County: State: Zip:

10. From: To: Street address:

City: County: State: Zip:

USE ADDITIONAL PAGES AS NECESSARY

TIME AND ATTENDANCE REPORT

Name: _____ Ph: _____

Supervisor: _____ Ph: _____

Dept: _____ Office: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	DATE	TIME IN	TIME OUT	TOTAL HOURS

Fiscal Year: _____ Total Hours: _____

Supervisor's Signature: _____ Date _____

Volunteer/Student's Signature: _____ Date _____

GROUP SHORT-TERM VOLUNTEER COMMITMENT FORM

(For multiple signatures at a "One-Day" volunteer event.)

Name of Event: _____ Date: _____

County Department _____ Location _____

I will perform my duties to the best of my ability, observe the job description guidelines and the directions of my supervisors, and follow all safety requirements.

Brevard County Board of County Commissioners is self-insured for Workers' Compensation. Preferred Governmental Insurance Trust (PGIT) is the third party administrator and they work in conjunction with Brevard County's Risk Management Department to assist you through the claims process.

You must receive medical care from an authorized provider for an injury sustained while performing your volunteer duties. The supervisor in the department in which you are volunteering can direct you to an authorized provider, or call the Risk Management Department at (321) 633-2037

Please sign and date this form in the space below to indicate that you have received this information and that you understand it.

Your Organization (Please Print)	Name (Please Print)	Signature	Date