



Adopt A Spot



Instructions

1. Fill out the SWA Volunteer Application and Adopt-A-Spot First Cleanup Registration.
2. Return the completed documents to:

Adopt-A-Spot
Customer Information Services
Solid Waste Authority of Palm Beach County
7501 North Jog Road
West Palm Beach, FL 33412

3. We will review your application and upon approval contact you to confirm the location and date of your first cleanup. We will also make arrangements for you to pick up your cleanup supplies approximately one week in advance of your event.
4. Following each cleanup, return the volunteer sign in sheet by mail to the address above, fax to 561-640-3400 or email to Imoreno@swa.org or jaiken@swa.org.
5. Conduct at least two cleanup/beautification events per year.

Safety Guidelines

1. Wear gloves and closed toe shoes.
2. Protect yourself from the sun (hat, sunglasses, sun-block, etc.).
3. Avoid all contact with hazardous materials. If you encounter any containers of substances you can't identify, leave it and contact SWA as soon as possible. Report any found weapons to the police. **Do not touch them!**
4. Bring an adequate supply of drinking water. Alcoholic beverages are never permitted.
5. Face oncoming traffic to be able to detect erratic drivers if working along a roadway.
6. Provide supervision at all times for youth groups.
7. Do not work in inclement weather, especially if there is lightning in the area. Work only during daylight hours that are not peak travel times (best time is usually between 8:00 am and 11:00 am).

If you have questions or need additional information, contact our community services team at 561-697-2700 or 1-866-792-4636 and speak with Linda (ext 4717) or Joanna (ext 4701).



Volunteer Application

7501 North Jog Road
West Palm Beach, FL 33412
Voice: 561-697-2700 ext. 4717
Fax: 561-640-3400
Web Page: www.swa.org

Personal Information:

Date:			
First Name:	Last Name :	Middle:	
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Cell:	Fax:
E-mail:		Date of Birth:	

Education:

Years of education completed: 8 9 10 11 12 13 14 15 16 17 18+ Course of Study:
--

Background Information:

Driver License Number:	State:	Auto Insurance Company:
Have you ever been arrested for a crime and/or incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain (use additional paper if necessary):		

Employment Record:

Present Employer:	Occupation:
Business Address:	Immediate Supervisor
City & Zip:	Years Employed:
Previous Employer:	Occupation:
Business Address:	Immediate Supervisor:
City & Zip:	Years Employed:

Personal/Professional References:

Personal Name:	Daytime Phone:
Address:	City:
State : Zip: Years Known:	
Business Name:	Contact Person: Daytime Phone:
Address:	City:
State: Zip: Years Known:	

Emergency Contact Information:

Person to contact in case of emergency:	Name:	Relationship:
Address:	City:	Zip:
Home Phone:	Work Phone:	Other Phone:

Areas of Interest:

Indicate which areas you would like to volunteer for our agency?

<input type="checkbox"/> Neighbor to Neighbor	Participate in our Community Outreach Programs along with assisting the SWA staff with Community Action Projects.
<input type="checkbox"/> Special Events "Green Team"	Working special events to help distribute educational information to residents.
<input type="checkbox"/> Administrative Support	Performing various clerical duties such as: copying, data entry, filing, mailings and much more.
<input type="checkbox"/> Adopt-A-Spot	Beautifying a designated spot in Palm Beach County
<input type="checkbox"/> School Education Non-Paid Internship	Available to Palm Beach County high school and college students, selected students work as non-paid interns to assist the School Education department with environmental presentations and site tours at schools, community centers and the Solid Waste Authority of PBC. (All student teaching interns will need to submit fingerprints and undergo a background check).

How did you learn about our volunteer program?

Are you fluent in any language other than English? Yes No Read? Yes No Write? Yes No

Which language?

What do you expect to gain and to give as a volunteer?

Please check the subjects/jobs/skills in which you have experience:

<u>Clerical</u> <input type="checkbox"/> Data entry <input type="checkbox"/> Filing <input type="checkbox"/> Copying <input type="checkbox"/> Mailings <input type="checkbox"/> Phone Work	<u>Computers</u> <input type="checkbox"/> Word <input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Web Design <input type="checkbox"/> Outlook <input type="checkbox"/> Other _____	<u>Communications</u> <input type="checkbox"/> Public Speaking <input type="checkbox"/> Public Relations <input type="checkbox"/> Marketing <input type="checkbox"/> Special Events	<u>Other</u> <input type="checkbox"/> Accounting <input type="checkbox"/> Making Decisions/Policies <input type="checkbox"/> Newsletter <input type="checkbox"/> Art/Craft Projects <input type="checkbox"/> Environmental Issues/Projects
--	---	--	--

List any other skills, hobbies or interests you have that might be helpful in your volunteer work:

By signing this application, you are giving us permission to contact you regarding volunteer opportunities with the Solid Waste Authority of Palm Beach County. If you move or your interests change, please contact us so we can update your file. Thank you for your interest in volunteering.

Signature of applicant: _____

Date: _____

If under age 18:

Signature of parent/legal guardian: _____

Date: _____



FOR OFFICE USE ONLY

- Application Received..... _____
- Entered into VSys One _____
- Volunteer Manual..... _____
- Folder/File..... _____
- Shirt size..... _____

Authority to Release Information

To Whom It May Concern:

I hereby authorize the Volunteer Coordinator, or authorized representative of the Solid Waste Authority of Palm Beach County, bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my driving record, employment records, criminal records or personal references not limited to: achievement, attendance, personal history and disciplinary records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Solid Waste Authority Volunteer Program. Should there be any questions as to the validity of this release, you may contact me as indicated below:

Full name: _____
(please print)

Signature: _____ Date: _____
Address: _____ City: _____ Zip: _____

If under age 18:

Name of parent/legal guardian: _____ Date: _____
(please print)

Signature of parent/legal guardian: _____

Volunteer Waiver & Release of all Claims

To the extent provided in Chapter 440 of the Florida Statutes, I hereby fully and forever waive, release and relinquish any and all claims, demands and actions whatsoever that I may have or may accrue to me against the Solid Waste Authority of Palm Beach County, its officers, agents, volunteers and employees arising out of this activity and/or any volunteer associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend the Solid Waste Authority of Palm Beach County from any and all claims and actions resulting from injuries, damages and losses sustained by me or my child and arising out of, connected with, or in any way associated with this activity.

I have read this agreement fully and understand its content and sign it of my own free will. I further certify that I am eighteen (18) years of age or older or the parent/legal guardian of a minor participant.

Name: _____ Date: _____
(please print)

Signature: _____

If under age 18:

Name of parent/legal guardian: _____ Date: _____
(please print)

Signature of parent/legal guardian: _____

Photo and Press Release

I _____, do hereby give the Solid Waste Authority of Palm Beach County, their assigns, licenses and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, visual and voice recording and likeness in all forms and media and in all manners, including photo, film, audio, video and all social media representations, for nonprofit, public purposes, and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I have read this release and am fully familiar with its contents.

Name: _____ Date: _____
(please print)

Signature: _____

If under age 18:

Name of parent/legal guardian: _____ Date: _____
(please print)

Signature of parent/legal guardian: _____

**FLORIDA WORKERS' COMPENSATION
SPECIAL DISABILITY TRUST FUND, 440.49, F.S.
SOLID WASTE AUTHORITY OF PALM BEACH COUNTY
VOLUNTEER INFORMATION FORM**

Chapter 440, Florida Statutes, provides recovery from the Special Disability Trust Fund where an injury merges with a pre-existing permanent impairment to cause a greater disability than would have resulted from the injury alone. However, in order to recover from the Fund, the Solid Waste Authority of Palm Beach County must have knowledge of the impairment prior to the occurrence of the compensable injury. In addition to a general category of impairments, there are certain specific impairments outlined by the above statutes. Therefore, the following questions are to be answered by each volunteer.

NAME _____ SS# _____ HT _____ WT _____

1. Have you ever had a serious illness, injury or operation? Yes No
2. Have you ever received Worker's Compensation benefits for an injury? Yes No
3. Do you now have, or have you ever had, any disability rating, either temporary or permanent assigned to you by any doctor, insurance company or governmental agency, either Federal, State, County, or City? Yes No
4. Do you now have, or have you ever had, any physical handicap, disability, permanent physical or permanent psychological problem, including the following? If so please check boxes.

- | | | |
|---|--|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiac Disease |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Vascular Disorder | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Hyperinsulinism | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Thrombophlebitis | <input type="checkbox"/> Total Deafness | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Chronic Osteomyelitis | <input type="checkbox"/> Marie-Strumpell Disease |
| <input type="checkbox"/> Other _____ | | |

5. Have you ever had or do you now have, back or neck trouble or complaints? Yes No
If yes, explain in detail _____

6. Have you ever had:
- a. Amputation of foot, leg, arm or hand? Yes No
- b. Total loss of sight in one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally? Yes No
- c. Herniated intervertebral disc? Yes No
- d. Surgical removal of an intervertebral disc or spinal fusion? Yes No
- e. Residual disability from poliomyelitis? Yes No
- f. Psychoneurotic, emotional or nervous disorder? Yes No
- g. Ankylosis of a major weight-bearing joint? Yes No
- h. Any permanent physical condition which constitutes a 20 percent impairment of a member, or of the body as a whole? Yes No
- i. Asthma or chronic bronchitis? Yes No

Explain all YES answers. (Use back of this form or additional sheets if needed) _____

To the best of my knowledge, this medical history is complete and accurate.

Signature of Volunteer Date

Volunteer Coordinator Date



YOUR PARTNER FOR
SOLID WASTE SOLUTIONS

ADOPT-A-SPOT **FIRST CLEANUP REGISTRATION**

Name of Group _____

Group Leader _____

Date of First Cleanup _____

Location of Adopted Spot _____

Our group commits to cleaning the above mentioned adopted spot for a period of two years at a minimum of two times per year.

Group Leader Signature _____ Date _____

Please return to:

Adopt-A-Spot Program
Solid Waste Authority of PBC
Customer Information Services
7501 North Jog Road
West Palm Beach, FL 33412

