



## Volunteer Position Description

**Position Title:** Community Council Member  
**Department:** Community Engagement Unit  
**Reports To:** JWB Staff Liaison/Community Engagement Advocate/Manager

**Purpose:** The Community Council (Council) is established to maximize community participation by identifying community strengths and needs. The Council also works on developing potential solutions consistent with the Juvenile Welfare Board (JWB) Strategic Plan that will improve the quality of life for Pinellas County children and families. There are three advocacy bodies or Councils in their respective areas of the county. *North:* Clearwater, Safety Harbor, Oldsmar, Tarpon Springs, Dunedin, Palm Harbor, Belleair, Clearwater Beach, Crystal Beach, and Ozona; *Mid:* Pinellas Park, Lealman, Seminole, Largo, Madeira Beach, Belleair Shores, Indian Rocks Beach, Kenneth City, Redington Shores, North Redington Beach and Shores. *South:* Gulfport, St. Petersburg, St. Pete Beach, South Pasadena, Tierra Verde, and Treasure Island.

### Responsibilities:

- Promote public awareness of the mission of JWB, purposes of the Council, and the critical issues impacting children and families
- Engage in community events and activities
- Attend Community Council meetings as specified in the bylaws, and outreach events within the JWB fiscal year
- Participate in annual meeting with the JWB Board of Directors
- Declare and disclose of a potential conflict of interest, either direct or indirect, and abstain from voting on issue

### Qualifications:

- Successful completion of the Council applicant process, Council Form, and presentation of the applicant to the JWB Board of Directors for approval
- Willingness to actively participate in the execution of the Council work plan and initiatives
- Commit to two full years of service
- Support the mission and vision of the Council as well as the JWB Strategic Plan
- Show knowledge of and commitment to the needs of children and families of their respective communities

### Training:

- Agency orientation and training
- On-going training as needed

### Time Commitment:

- Attend monthly meeting
- Participate in creation, execution and approval of the Council's work plan
- Two year commitment

For More Information, please email [CommunityCouncil@JWBPinellas.org](mailto:CommunityCouncil@JWBPinellas.org)

This volunteer position is non-paid/non-employee. JWB conducts background checks on all volunteers.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Juvenile Welfare Board**  
**14155 58<sup>th</sup> St. No. Clearwater, FL 33760 (727) 453-5600**  
**Volunteer Application**

Volunteer Position \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Student \_\_\_\_\_ Retired \_\_\_\_\_ Employed \_\_\_\_\_ Other \_\_\_\_\_

How did you hear about JWB? \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

State job titles and describe job duties  
\_\_\_\_\_  
\_\_\_\_\_

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

State job titles and describe job duties \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION/TRAINING:**

Highest level of education: \_\_\_\_\_ Major \_\_\_\_\_

What degrees or certifications do you have? \_\_\_\_\_

Describe skills, training, or experience you believe are relevant to this volunteer position:  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (Please list three references who are not members of your family)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Email address: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

I understand and agree that, if selected, I am performing services of my own free will and I will provide the services to JWB without receiving monetary or material compensation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Confidentiality Agreement for Volunteers

As a volunteer of Juvenile Welfare Board, I understand that I may have access information that is exempt from disclosure under Florida's Public Records Act related to clients, volunteers, staff, and the organization.

I understand, and agree, that such exempt information is to be treated confidentially except where such disclosure is consistent with stated policy and relevant legislation and discussed with any appropriate parties, only within the boundaries of my volunteer position at this organization.

Please sign below to indicate your acceptance and agreement with these terms outlined above.

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Print Name

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Volunteer Signature

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Date

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Witness

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Date

### **Statement of Affirmation and Authorization for Release of Information**

I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any misrepresentation or omissions of fact may be grounds for rejection of my volunteer application or later dismissal from my volunteer position.

I hereby consent and authorize a full background check including, but not limited to personal references, volunteer experience(s), employment, and a criminal background check to receive consideration for this volunteer opportunity.

I hereby waive any and all written notice of disclosure that may be required by applicable local, state, or federal laws of my past and/or present employer (s), individuals, or institutions, in exchange for the consideration of my volunteer application. I hereby release and forever discharge the Juvenile Welfare Board including its directors, offices, employees, contractors, and subcontractors any of my past or present employers, their directors, offices, employees, its agents from any liabilities, which may result from an investigation of my background, employment, and volunteer work or from the disclosure of any other information.

In volunteering, I agree to conform to all applicable rules and regulations of the Juvenile Welfare Board. I also agree that, if accepted as a volunteer, I have the right to resign this volunteer position at any time and that JWB may terminate my volunteer services at any time. I also understand that this is not an employment application and am not seeking any type of compensation for my volunteer services and that if selected I will not receive monetary or material compensation.

I have read in full and understand the above and agree that a reproduced copy of this affirmation and authorization will be as valid as the original.

I acknowledge and agree that, if, at any time, I am subjected to any type of discrimination and/or harassment, I will contact the Human Resources Department immediately to obtain assistance in the resolution of such matters.

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Print Name

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Volunteer Signature

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Date

CONSENT, RELEASE and WAIVER OF LIABILITY

I (Print name)\_\_\_\_\_ am volunteering with the Juvenile Welfare Board of Pinellas County, a governmental entity ("JWB").

I understand that to volunteer, I must abide by JWB's established rules and codes of conduct. JWB reserves the right to dismiss me as a volunteer for any reason whatsoever at any time, including, but not limited to, my failure to abide by rules and codes of conduct of JWB, my disruption of JWB activities, verbal and physical aggression against staff, volunteers or program participants, failure to follow JWB staff instructions, and any other disruptive behavior. A volunteer's dismissal will be at the sole discretion of the JWB staff.

In consideration of being permitted to participate in various volunteer activities with JWB, as indicated above, and to use equipment in conjunction with such activities belonging to JWB, I hereby assume all risks of personal injury and/or property damage to myself in any way associated with my volunteer activities and voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, death, or property damage which I may have, or which I may hereafter accrue as a result of my participation in such activities and/or while I am on the property of JWB for any reason. I understand and agree that I am merely a volunteer and not an employee of JWB and thus, am not entitled to any payment for my services or any worker's compensation benefits should I be injured while volunteering my services. This release is intended to discharge JWB from any and all liability arising out of or connected in any way with my volunteering on behalf of JWB and/or while on the premises of JWB even though that liability may arise out of negligence or carelessness on the part of JWB.

**I further agree to indemnify and hold harmless JWB for any loss, liability, damage or expense which it may incur as result of any injury that I might sustain or any claim that I might bring as a result of participating in the above volunteer activities and/or while on JWB premises and covenant not to sue JWB or bring any claim (including worker's compensation claim) against JWB or any its affiliates, directors, officers or staff. I acknowledge that I have carefully read this document and fully understand that this is a waiver and release of liability.**

This\_\_day of\_\_\_\_\_, 201\_\_\_\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_

1649797

Juvenile Welfare Board  
(JWB)



Juvenile Welfare Board of Pinellas County  
14155 58<sup>th</sup> Street North  
Clearwater, Florida 33760  
(727) 453-5600

## MEDIA CONSENT FORM

I understand that the Juvenile Welfare Board of Pinellas County (JWB) administers funds in Pinellas County, Florida, to agencies and programs that provide services for children and families.

I hereby grant my permission and license for unrestricted and exclusive use to JWB for any and all photographs, videotaping, audio recordings or written interviews/stories, to include use of my name, image and other identifiable information in connection with a press release, news story, testimonial, or success story for the following purposes:

- ☐ Traditional Print, Broadcast or Electronic Media (newspapers, television, radio, magazines, etc.)
- ☐ JWB-Managed Online Platforms (website, intranet, Facebook, Twitter, YouTube, etc.)
- ☐ JWB-TV / Videotaping
- ☐ JWB Promotional Materials / Publications (brochures, newsletters, e-blasts, annual reports, etc.)
- ☐ Other (explain): \_\_\_\_\_

I understand that this material will be used for the purposes of education and/or publicity, that it may be viewed by the general public, and that I will not receive compensation for my participation.

## AUTHORIZATION

I hereby release from liability the Juvenile Welfare Board of Pinellas County, its staff and agents of all such entities for their acts or omissions performed in connection with the creation and use of these photographs, videotaping, audio recordings and written interviews/stories. For minors (youth under age 18), I understand the signature of a parent or legal guardian is required. I understand that this authorization is valid indefinitely unless revoked in writing with proof of delivery to JWB at the address above.

\_\_\_\_\_  
Subject's Printed Full Name

\_\_\_\_\_  
Parent/Guardian's Printed Full Name (*if subject is under 18*)

\_\_\_\_\_  
Signature of Person Granting Consent (*parent/guardian signature required for minors*)      Date

\_\_\_\_\_  
Signature of JWB Employee Accepting Consent      Date

# Medical Express Corporation

## Authorization and Release

Medical Express Corporations is acting as a clearinghouse for background information as described in the following Authorization and Release.

I hereby authorize without condition, except as provided for under the provisions of the Fair Credit Reporting Act (FCRA) any vendor or agency contacted by Medical Express to provide personal and private information pertaining to my driving record which may contain records concerning accidents, traffic violations and certain criminal offenses.

I further authorize Medical Express to access consumer reports which may contain public and private information from county and state criminal repositories, educational institutions, federal, state and county institutions, credit bureaus and former employers. I understand this report may contain information pertaining to my character, education, work history, credit history, accidents, workers' compensation claims, conduct, work experience and terminations.

I understand that I have the right to make a written request to Medical Express for additional information concerning any report obtained on my behalf. I understand that I am within that right to dispute the accuracy of any information contained in said record either by mail or in person at the address of Medical Express Corporation, 4237 Salisbury Road, Suite 304, Jacksonville, Florida 32216.

I hereby authorize the below named company in conjunction with Medical Express Corporation to conduct this investigation as set forth in the above.

Print or Type

Juvenile Welfare Board of Pinellas County

Company or Employer Name

First Name

MI

Last Name

Social Security No. Date of Birth

Address

Driver's License Number

State

Applicant's Signature

Date

4237 Salisbury Road, Suite 304  
Jacksonville, Florida 32216  
904-281-9723\*\* 1-800-835-7738\*\*904-296-0921 Fax



## Community Council Form

**Council Region** (Choose One): ☐ North County ☐ Mid County ☐ South County

**Preferred Category of Representation** (Choose One): ☐ Community at Large (City: \_\_\_\_\_) ☐ Education

☐ Community Organization ☐ Government ☐ Business/Corporate ☐ Health Organization ☐ Youth/Young Adult

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ FL ZIP \_\_\_\_\_

Main Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Race \_\_\_\_\_ Birth Day (MO/DAY) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Gender ☐ Male ☐ Female

Employer Name \_\_\_\_\_ Title \_\_\_\_\_

Why would you like to serve on the Community Council? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### RELATIONSHIP / AFFILIATION LISTING CATEGORIES:

To help us understand the skills and interests of our Council members, please list any current or previous volunteer work with children, families and other community advocacy groups using the below categories:

**BUS** – Business

**CIV** – Civic

**COM** – Community

**FBO** – Faith Based

**EXP** – Experience

**GOV** – Government

**INT** – Interest / Hobby

**HEA** – Health

**PRO** – Profession

**EDU** – Education

**MAL** – Maltreatment

**FS** – Family Support

**ECH** – Early Childhood

**OTH** – Other

CATEGORY	ORGANIZATION or PARTNER NAME	TITLE