



## **VOLUNTEER ORIENTATION**

### **ACKNOWLEDGEMENT**

I hereby acknowledge that I have received and read the following policies of the City of Boca Raton, specifically: (Drug and Alcohol Free Workplace Policy, Violence in the Workplace Policy, Sexual Harassment Policy, General Complaint Policy, Volunteer ID Badges Policy and Felony and Misdemeanor Crimes Policy) as well as the Volunteer Education for Workers' Compensation and the Volunteer Manual.

\_\_\_\_\_  
**(Name – Please Print)**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

If the person signing is under age 18, there must be consent by a parent or legal guardian, as follows:

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_,  
and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian's Printed Name**

## Photo Release Form

I hereby grant the City of Boca Raton permission to use my likeness in a photograph, video/digital image, writing or voice recording in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the City of Boca Raton and will not be returned.

I hereby irrevocably authorize the City of Boca Raton to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the City of Boca Raton's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the City of Boca Raton, its representatives, members, officers, employees, volunteers, contractors and/or agents from any and all claims, actions and demands which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

If the person signing is under age 18, there must be consent by a parent or legal guardian, as follows:

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_,  
and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)

# PERSONNEL POLICY & PROCEDURE MEMORANDUM

**Subject: Drug & Alcohol Free Workplace Policy**

**Memo Number: V-5**

*Effective Date: January 1, 1997*

*Revision Date: 1/25/2016*

*Page 10 of 10*

## **DRUG & ALCOHOL FREE WORKPLACE POLICY**

### *Job Applicant/Employee Acknowledgement of Receipt and Understanding*

*I hereby acknowledge that I have received and read the City of Boca Raton Drug & Alcohol Free Workplace policy, a summary of the drugs that may alter or affect a drug test and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the policy as a condition of employment, and any violation shall result in disciplinary action up to and including termination.*

*Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the City of Boca Raton, and discipline up to and including termination shall result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonable attendant to such examinations, 3) I refuse to authorize release of the test results to the City of Boca Raton, 4) the test establishes a violation of the City of Boca Raton's Drug & Alcohol Free Workplace Policy, 5) I otherwise violate the policy. If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Florida's Worker's Compensation Act upon exhaustion of the remedies provided in Florida Statue 440.102(5).*

**I ALSO UNDERSTAND THAT THIS DRUG & ALCOHOL FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE CITY OF BOCA RATON AND MYSELF.**

If the person signing is under age 18, there must be consent by a parent or legal guardian, as follows:

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent/Guardian's Printed Name