



# MARGATE VOLUNTEER PROGRAM (MVP) APPLICATION

The **Margate Volunteer Program (MVP)** provides the community with an opportunity to assist with special events, government functions, emergency operations, and other important services that impact the quality of life of Margate residents. Volunteering exemplifies what it means to say "Together We Make It Great"!

## INDIVIDUAL PROFILE

Name:		Today's Date:	
Mailing Address:	City:	State:	Zip:
Phone Number:		Email Address:	
Emergency Contact Name/Phone:			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes, <input type="checkbox"/> No <small>A conviction does not necessarily preclude your from serving as a volunteer.</small>		If yes, type/year:	

## PREFERRED VOLUNTEER OPPORTUNITIES (check all that apply)

<input type="checkbox"/> Community Emergency Response Team (CERT)	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Adopt-A-Street	<input type="checkbox"/> Tree/Landscaping Projects
<input type="checkbox"/> Special Events	<input type="checkbox"/> Office/Clerical Support
<input type="checkbox"/> Athletic Programming Coaches	<input type="checkbox"/> Photography/Videography
<input type="checkbox"/> Counselor-in-Training (CIT)	<input type="checkbox"/> Other: _____

## AVAILABILITY

Length of time available:	<input type="checkbox"/> 0-3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> 12 months or longer			
Available Days/Hours:	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

## EDUCATION/EXPERIENCE

Please provide your educational background:

  
  
  

Please describe your relevant work and/or volunteer experience:

  
  
  

## REFERENCES

Name:	Phone:
Name:	Phone:

*I certify that all statements and information that I have provided in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.*

Applicant (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_



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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

*In order to uphold our high standard of excellence, we carefully select MVP volunteers. As a result, we will conduct a background check on volunteers (age 18 or over) based on location and requested tasks. The background check may include the following information:*

- *National Criminal File Search*
- *Sexual Offender/Predator Check (if working with children or the elderly)*
- *Driver's License Check (if requires driving a City vehicle)*

*I understand that any information obtained by a personal background investigation will be considered in determining my suitability for serving as a MVP volunteer. I understand that any misleading, incorrect, or untruthful statements may render this application void, and if I am placed in a volunteer position, would be just cause for termination. I hereby release the City of Margate, its authorized representatives, from all liability which may be incurred as a result of furnishing such information.*

*I do hereby give the City of Margate the right to use my photograph in promotional materials such as brochures, newsletters, website, and other presentations. My signature indicates that I have read and understand the information delineated in this form.*

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Minimum volunteer age requirements are based upon individual volunteer opportunities as determined by the City. Individuals under age 18 must have parental consent to volunteer.

*I certify that I am the parent or legal guardian of the applicant and hereby approve and consent to the above information and the use of the applicant's photograph in promotional materials such as brochures, newsletters, website, and other presentations. I affirm that I have the legal right to issue such consent.*

Parent/Guardian (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:**

**City of Margate  
Human Resources Department 5790  
Margate Blvd., Margate, FL 33063**

### OFFICIAL USE ONLY

Date Received:	Driver: Yes No	Application Reviewed By:
Level I Background Check Completed:	Yes No	Background Check Completed By:
Level II Background Check Completed:	Yes No	City Manager Approval:

**APPLICANT WAIVER AGREEMENT**  
**AND STATEMENT**

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize (*enter Name of Non-Criminal Justice Agency*) \_\_\_\_\_ to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

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

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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**ORIGINAL- MUST BE RETAINED BY NON-CRIMINAL  
JUSTICE AGENCY**

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).