



Deerfield Beach
Florida

VOLUNTEER APPLICATION

Office Assistant
 Instructor (Type) _____
 Arts & Crafts
 Music & Entertainment
 Senior Center
 Alzheimer's Adult Day Care

Multi-Cultural Adult Day Care
 Cafe
 CASA Auxiliary
 City Events
 Student (School) _____
 Boutique

Do you have any experience in the following:

Social Media Flyer Creation / Design Website design / Edits Video Production

What skills, hobbies or interests do you have that you would like to share with us?

(Please Circle)

What day(s) of the week will you be available to volunteer? Monday Tuesday Wednesday Thursday Friday

What hours will you be available to volunteer? _____ AM _____ PM

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____

EMAIL: _____

TO BE COMPLETED BY STAFF:

Starting Date _____ Area Volunteering: _____

Date Intake completed/Given to Social Services Coordinator: _____

Staff Signature: _____ Date: _____

Referred by: _____ Address: _____



Employee/Student/Volunteer Nondisclosure Acknowledgment

I have been asked by the City of Deerfield Beach to reaffirm my commitment made at the time of my employment/assignment to protect the confidentiality of health information. I understand that City of Deerfield Beach reminds its employees and volunteers of their confidentiality obligations on a periodic basis to help ensure compliance, due to the significance of this issue.

By my signature below, I acknowledge that I made the commitment set forth below at the time of my employment/assignment, I confirm my past compliance with it, and I reaffirm my continued obligation to it.

City of Deerfield Beach has a legal and ethical responsibility to safeguard the privacy of all participants and protect the confidentiality of their health information. In the course of my employment/assignment at City of Deerfield Beach, I may come into possession of confidential participant information, even though I may not be directly involved in providing participant services. I understand that such information must be maintained in the strictest confidence. As a condition of my employment/assignment, I hereby agree that, unless directed by my supervisor, I will not at any time during or after my employment/assignment with City of Deerfield Beach disclose any participant information to any person whatsoever or permit any person whatsoever to examine or make copies of any participant reports or other documents prepared by me, coming into my possession, or under my control, or use participant information, other than as necessary in the course of my employment/assignment.

When participant information must be discussed with other health care practitioners in the course of my work, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the participant's care.

I understand that violation of this agreement may result in corrective action, up to and including discharge.

Printed Name & Signature and Date

Witness Name & Signature and Date



MEDIA WAIVER

Date: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes by the City of Deerfield Beach, Department of Active Aging, and N.E. Focal Point, CASA Inc. I also grant the City of Deerfield Beach, Department of Active Aging, and N.E. Focal Point, CASA Inc. the right to edit, use, and reuse said products for organizational and marketing purposes including use in print, on the internet, and all other forms of media. I also hereby release the City of Deerfield Beach, Department of Active Aging, and N.E. Focal Point, CASA Inc. and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Printed Name: _____

Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____



MEMO TO: CITY OF DEERFIELD BEACH VOLUNTEERS

DRESS CODE:

- * Comfortable closed-toed shoes
- * Clothes appropriate for work assignment
- * Slacks/Shorts (no shorter than two inches above the knee)
- * NO Halter or Tank Tops.
- * NO loose pants without belts
- * NO Sport shorts

CELL PHONES:

- *TURN OFF WHEN IN WORK AREA.
- *To be used only when on an approved break
- **NO TEXTING**

MONEY, GIFTS, TIPS, DONATIONS:

- * All money, monetary gifts or tips given to you, are considered donations and must be turned in to your supervisor or administration.

PRIVACY AND CONFIDENTIALLY:

- * Maintain privacy and confidentially at all times.

LEAVING WORK AREA: * You must let your area supervisor know when you are leaving the work area.

NO SMOKING AND DRUG FREE ENVIRONMENT

Any questions or concerns, please see your service area supervisor or call our volunteer coordinator at 954-480-4449.

E:\Volunteer\2018 Student Volunteer Packet\Volunteer Regulations

Center for
Active Aging
954-480-4449

Alzheimer's & Adult
Day Services Center
954-480-4460

Preschool
Services
954-480-4473

227 NW 2nd Street • Deerfield Beach, FL 33441 • 954.480.4449 • www.dfb.city



Vision

To be the most dynamic South Florida Coastal Community in which to live, work and play.

Mission

To enhance the quality of life within our community through a proactive and effective government.

Goals

1. A cleaner, greener city
2. Vitality and revitalization of business districts and neighborhoods
3. Superior customer service and customer focused government
4. Encourage a close working relationship between the public and private sectors
5. Proactively address issues that will affect the quality of life for our community
6. Ensure the financial health of city government
7. Provide a safe and healthy environment
8. Advance employee development and satisfaction
9. Effectively communicate among all levels of the organization and with the public

Values

1. Teamwork
2. Customer Service
3. Quality Work Products
4. Ethical Behavior and Integrity
5. Leadership
6. Continuous Improvement
7. Celebrate Achievement
8. Diversity of Workforce
9. Employee Ownership



Northeast Focal Point Conflict of Interest Policy

The standard of behavior at the Northeast Focal Point Campus is that all staff members and volunteers avoid conflicts of interest between the interests of the Northeast Focal Point on one hand, and personal, professional, and business interests on the other. Staff members and volunteers shall not derive any personal profit or gain, directly or indirectly, by reason of his or her participation in the generation of income for the Northeast Focal Point.

Staff members and volunteers will establish by example and attitude an atmosphere of personal integrity. Sometimes a decision may be delayed because of the need to ensure that it has been made in the organization's best interests. Each of us, by our daily words and actions, contributes to a culture of integrity and responsibility.

Employee/Volunteer Acknowledgement

I understand that the purposes of this policy are to protect the integrity of the Northeast Focal Point's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of staff and volunteers. As an employee or volunteer, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. I agree that this written disclosure will be kept on file and I will update it as appropriate.

I further understand that no part of the Northeast Focal Point income will inure to the benefit of the staff members and volunteers.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about this policy.

Signature: _____

Print Name: _____ **Date:** _____