



Hillsborough County  
Florida

**VOLUNTEERS IN PUBLIC SERVICES (VIP's) APPLICATION**

Return Applications to: Conservation and Environmental Lands Management Dept.  
11510 Whisper Lake Trail, Tampa FL. 33626 Attn: Jen West  
Telephone: (813) 264-3890 Fax: (813) 264-8984

**Instruction:** This application must be filled out completely, accurately, signed and dated to be processed. All statements may be subject to a background check by the department. If applicants are under 16 years of age, parental or legal guardian consent must be signed where indicated below. Please attach a legible copy of your Driver License or State of Florida ID Card for identification.

**PERSONAL INFORMATION**  
PLEASE PRINT

First Name:	Middle Initial:	Last Name:
Birth Date:	Social Security Number:	Email Address:
Mailing Address:	Home Phone #:	
	Cell/Work Phone #:	
Emergency Contact Name:	Daytime Phone Number:	Caregiver Name and Number:

**SOCIAL SECURITY DISCLOSURE:** In compliance with Section 119.071(5) and pursuant to Section 125.9502, Florida Statutes, this document notifies you that your social security number is imperative for the performance of the duties and responsibilities of the Hillsborough County Parks, Recreation, and Conservation Department. Your social security number will be used solely to verify your identity and conduct applicant background and criminal history checks. If you do not voluntarily provide your social security number for these purposes, your service as a volunteer for the Hillsborough County Parks, Recreation, and Conservation Department with access to children or senior citizens will be rejected. By signing this document, I signify receipt of this disclosure.

**VOLUNTEERS MUST PROVIDE THEIR OWN TRANSPORTATION**

Do you have a car? YES NO Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have auto liability insurance? Yes: \_\_\_\_\_ No: \_\_\_ Do you have a Florida ID? YES \_\_\_ NO \_\_\_ ID# \_\_\_\_\_

**PERSONAL AND WORK RELATED REFERENCES**

Have you volunteered or worked with us previously? YES: \_\_\_ NO: \_\_\_ If yes, when: \_\_\_\_\_

Explain what you did: \_\_\_\_\_

Reference  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**RELATIVES**

Do you have relatives employed by the Parks, Recreation and Conservation Department? If Yes, who, where and relationship?  
List all. \_\_\_\_\_

\_\_\_\_\_

**Section 2 – VOLUNTEER OPPORTUNITIES – Please check areas of interest**

\_\_\_\_\_ Athletics      \_\_\_\_\_ Bakas Equestrian Center      \_\_\_\_\_ Conservation Services      \_\_\_\_\_ Regional Parks  
\_\_\_\_\_ Recreation      \_\_\_\_\_ Therapeutics      \_\_\_\_\_ Park Maintenance      \_\_\_\_\_ Other (Identify on next page)

VOL. DAYS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

I prefer to work in the general geographical location of: \_\_\_\_\_

I would like to volunteer to do: \_\_\_\_\_

I have skills in: \_\_\_\_\_

I wish to volunteer because: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

*If the volunteer is under 18, this portion must be completed by parent or legal guardian.*

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_ hereby give my consent for him/her to participate as a volunteer in Hillsborough County Parks, Recreation and Conservation Department’s VIP’s program. I understand that there will be supervision by a County employee.

Signature of guardian (If under 18yrs. old): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 – PERSONAL INFORMATION**

LIABILITY: Hillsborough County is self-insured. Volunteers must report any incidents, accidents or injuries immediately

**HILLSBOROUGH COUNTY IS A DRUG FREE WORKPLACE.** BACKGROUND CHECKS WILL BE FOMPLETED PRIOR TO BEING AUTHORIZED TO VOLUNTEER. I understand that some applications may be processed through the Sheriff’s Office or via other means. I also understand that some sections may require additional personal information and/or an interview.

Have you ever been convicted of a felony or a misdemeanor (or smaller offense by court martial); pled nolo contendere (no contest) to such an offense; or pled guilty to such an offense? (Driving infractions should not be listed if non-criminal)

Yes: \_\_\_ No: \_\_\_ If yes, please provide the following information:

Date(s): \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Offense(s): \_\_\_\_\_

Disposition(s): \_\_\_\_\_

Have you ever been charged with operating a motor vehicle under the influence of alcohol or drugs? Yes: \_\_\_ No: \_\_\_ If yes, please provide the following information:

Date(s): \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Offense(s): \_\_\_\_\_

Disposition(s): \_\_\_\_\_

**PLEASE SIGN HERE**

I certify that the information contained within this application is accurate and complete. I understand that falsification or omission of any information may lead to my not being authorized to volunteer with the Parks, recreation and conservation Department.

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

Parent/Guardian Signature (If under 18yrs. old): \_\_\_\_\_ Date: \_\_\_\_\_

ATTACHMENT 1

# Background Check/Investigation Disclosure and Authorization Form

By signing the release below, I hereby authorize Hillsborough county to contact any and all corporations, former employers,, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to Hillsborough County.

In compliance with Section 119.071(5), Florida Statutes (Public Records Law) by this document the Hillsborough County Office discloses to you that your Social Security Number is requested for the purpose of applicant and employee background and criminal history checks, identity verification, verification of past employment, new hire and unemployment reporting, processing employment benefits, drug screening, income reporting, Worker’s Comp reporting, payroll processing and reporting and will be used solely for those purposes.

I understand that my employment with Hillsborough County is subject to satisfactory completion of a background check/investigation, including verification of information I supplied in my application for employment.

I release from all liability all persons, companies, and schools supplying such information. I release Hillsborough County from and indemnify Hillsborough County against any liability whatsoever in connection with such background investigation and the use of the results there from in the employment process. I also understand that I will be given a copy of the background check/investigation report, should any adverse action or non-selection be considered because of the result of the report.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

**If Volunteer is 16 yrs. old AND has a valid Driver’s License or ID card this information will be theirs. If under the age of 16 OR does not have a valid Driver’s License or ID card the following information will be the Parent/Guardian.**

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

Other name(s) used: \_\_\_\_\_

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

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

Date received degree (if applicable): \_\_\_\_\_

University/School degree earned from: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver’s License Number & State: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

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

**MINOR/RIDER LIABILITY RELEASE**

The undersigned, as parent/ parents or guardian/guardians of \_\_\_\_\_, a minor, for and in consideration of participation in the special equestrian program for the handicapped, hereby forever releases, acquits, discharges, and hold harmless the Bakas: Horses for Handicapped, Bakas "Horses for the Handicapped," INC. and the Parks, Recreation, and Conservation Department of Hillsborough County, their officers, directors, trustees, board members, agents, employees, representatives, successors, and assigns for all manner of claims, demands, and damage of every kind and nature whatsoever which the undersigned may now or in the future, have against Bakas: Horses for Handicapped, Bakas "Horses for the Handicapped," INC., and the Hillsborough County Parks, Recreation, and Conservation Department, their officers, directors trustees, board members, agents, employees, representative, successors, or assigns on account of any personal injuries, physical or mental conduct, known or unknown, to the person and treatment thereof, as a result of or in any way growing out of the acts, including negligence or gross negligence of the Bakas: Horses for Handicapped, Bakas "Horses for the Handicapped," INC. and the Parks, Recreation, and Conservation Department of Hillsborough County, their officers, directors, trustees, board members, agents, employees, representatives, successors, and assigns.

Parent/Guardian Signature (If under 18yrs. old): \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE**

I hereby consent to and authorize the use and reproduction by Bakas Equestrian Center of any or all photographs and any other audiovisual material taken of me, my son or daughter, or my ward; which may be used for promotional printed material, educational activities, or for any other use for the benefit of the program.

\_\_\_\_\_ I do consent \_\_\_\_\_ I do NOT consent

**MEDICAL CONSENT**

In the event of an emergency or non-emergency situation requiring medical care, I, \_\_\_\_\_, hereby grant permission for any and all medical attention to be administered and delivered, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

\_\_\_\_\_ I do consent \_\_\_\_\_ I do NOT consent

**CONFIDENTIALITY STATEMENT**

Bakas recognizes the right of participants and their families to have privacy over any personal information. In order to respect that right, we require all volunteers to sign a non-disclosure agreement. Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and their family. Such information is considered to be confidential regardless of how it is obtained, whether directly from the participant or family, Bakas staff, volunteers, or other associates. Consent to disclose this information to outside individuals or agencies, including photographs and videotapes should be obtained in writing from the proper legal representative.

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

Parent/Guardian Signature (If under 18yrs. old): \_\_\_\_\_ Date: \_\_\_\_\_

**EQUINE PROFESSIONAL RELEASE**

KNOWN ALL MEN BY THESE PRESENT, that \_\_\_\_\_, who resides at \_\_\_\_\_ (herein after referred to as 'participant') desires to engage and does hereby engage in services of Bakas Equestrian Center and Hillsborough County Parks, Recreation, and Conservation Department (herein after referred to as 'Equine Professional'), located at 11510 Whisper Lake Trail, Tampa, Florida, 33626; to instruct the participant in any and all equine activities.

IN AND FOR CONSIDERATION OF THE ABOVE SERVICES, participant hereby does and forever and finally release, remise, acquit, satisfy, and forever discharge Equine Professional of and from all manner of action and actions, cause and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, controversies, agreement, promises, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise or might in the future arise or herein after may arise for or against the Equine Professional for the services stated above.

This document is meant to be a full and complete release from any and all liability that may arise from instruction to the Participation on how to properly ride, manage, and care for horses or participate with or near horses. This release is given freely and voluntarily by the Participant and is meant to remain in existence throughout the duration of any instruction.

**WARNING**

Under Florida Law, an equine activity sponsor or professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

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

Parent/Guardian Signature (If under 18yrs. old): \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYEE BENEFITS AND RESPONSIBILITIES  
UNDER  
WORKERS' COMPENSATION

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ACKNOWLEDGMENT OF EMPLOYEE'S BENEFITS UNDER  
WORKERS' COMPENSATION

- An employee who sustains an injury, illness or exposure within the course and scope of employment has the right to medical care, pharmaceuticals, mileage reimbursement and replacement for lost wages as described in Florida Statutes, Chapter 440.
- A one time change of physician is available per injury, upon the employee's written request.
- The injured employee has the right to assistance from the Division of Workers' Compensation, Employee Assistance Office regarding benefits, concerns or disputes.
- An employee has the right to be placed within the Return to Work Program, if modified duty is available.
- An employee has the right to legal representation.
- For further benefits information, employees should contact the claims adjuster handling their file or the County's workers' compensation coordinator.

\_\_\_\_\_  
Volunteer's Name (Print Legibly)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Print Legibly (If under 18yrs. old)

\_\_\_\_\_  
Parent/Guardian Signature (If under 18yrs. old)

\_\_\_\_\_  
Date

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ACKNOWLEDGMENT OF EMPLOYEE RESPONSIBILITIES UNDER WORKERS'  
COMPENSATION

- An employee is required to report to his/her direct supervisor any work related injury, illness or exposure within 30 days of the incident.
- An injured employee has the responsibility to seek medical treatment for a work related injury or illness from the County's authorized treating physicians.
- It is the injured employee's responsibility to provide his/her department with current medical/work status provided by the Workers' Compensation treating physician.
- The injured employee has the responsibility of complying with the treating physician's plan of treatment, to include but not limited to working within assigned restrictions, attending doctor and physical therapy appointments.
- The injured employee is responsible for complying with all of the County's Return to Work Program policies and procedures.

\_\_\_\_\_  
Volunteer's Name (Print Legibly)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Print Legibly (If under 18yrs. old)

\_\_\_\_\_  
Parent/Guardian Signature (If under 18yrs. old)

\_\_\_\_\_  
Date

RIGHTS AND RESPONSIBILITIES OF EMPLOYEES UNDER WORKERS'  
COMPENSATION WITH HILLSBOROUGH COUNTY

ACKNOWLEDGMENT AND RECEIPT  
OF EMPLOYEE WORKERS' COMPENSATION BROCHURE

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**I have received a copy of the Workers' Compensation Employee Facts brochure from the Florida Department of Financial Services (Revised 2003). I have carefully read and understand its content.**

\_\_\_\_\_  
Volunteer's Name (Print Legibly)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Print Legibly (If under 18yrs. old)

\_\_\_\_\_  
Parent/Guardian Signature (If under 18yrs. old)

\_\_\_\_\_  
Date



# Confidentiality Agreement & Training—Volunteer Workforce Health Insurance Portability and Accountability Act (HIPAA) Volunteer Workforce Training

**Directions:** This form is to be used whenever a person begins service in the volunteer workforce. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the volunteer's personnel file.

Read this page carefully and sign the confidentiality statement to confirm that you understand its content and will safeguard protected health information (PHI).

**Introduction:** As a volunteer workforce member, you are being provided with HIPAA training to assure that you are aware the federal requirements to safeguard PHI.

Hillsborough County wants you to know that:

- Health information about a single person is usually PHI.
- Federal laws require you to safeguard PHI.
- You must cooperate with any official HIPAA investigation.
- PHI may only be used or disclosed as permitted for treatment, payment, and operations (TPO).
- You may use PHI in an emergency to make sure that individual receives medical treatment.
- You must obtain permission or authorization from your supervisor, Privacy Liaison (and Security Liaison for any incidents involving ePHI) or the County Compliance Officer prior to use or disclosure of PHI.
- Permission or authorization must be given by the individual prior to use or disclosure of PHI.
- Individuals have the right to review their medial files, requests amendments, and restrict the use or disclosure of their records.
- Individuals have the right to file complaints if they believe their privacy rights have been violated.
- Those who violate these policies are subject to civil and criminal prosecution.

### ACKNOWLEDGMENT OF RESPONSIBILITY TO MAINTAIN CONFIDENTIALITY OF MEDICAL INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) requires that the County train all volunteers about the County's HIPAA policies. HIPAA is a federal law that protects the privacy of an individual's health information under certain circumstances and makes it confidential. Everyone has to follow the HIPAA laws.

HIPAA mandates that in most instances, health information must be kept confidential unless the person gives specific written authorization or unless compelled by court order or subpoena, or when certain other conditions are met for release of health information.

By virtue of your association with Hillsborough County, you may need to know and, therefore, may be informed of certain health information that is necessary to perform your assigned duties, or may accidentally receive such information. To insure HIPAA laws are not violated, it is our policy not to share any health information about another person without permission from your supervisor or manager.

By signing this form, you acknowledge that you will keep all health information confidential that you obtain in connection with your volunteer duties and responsibilities. This includes information about any medical condition, medical testing, medical treatment or surgery, prescription medications, dental treatment or vision treatment or any other procedure related to the health of an individual. In addition, you agree not to use or disclose this information to any person except those persons directly necessary to the performance of your duties and responsibilities. (This includes talking to another volunteer or worker about the medical information.) If you are not sure about whether or not any information is confidential, you agree to ask your supervisor or manager.

Failure to keep health information confidential may result in monetary liability, civil penalties (fines) and/or criminal penalties provided for by law.

I have read the above information and agree to keep health information confidential.

\_\_\_\_\_  
Volunteer's Name (Print Legibly)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

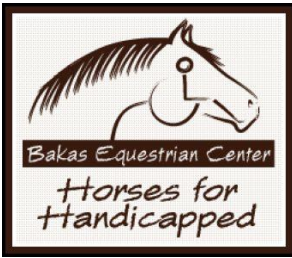
\_\_\_\_\_  
Parent/Guardian Name Print Legibly (If under 18yrs. old)

\_\_\_\_\_  
Parent/Guardian Signature (If under 18yrs. old)

\_\_\_\_\_  
Date

Effective: 4/14/2003  
Revised: 12/2006  
Pmt: 02-53 FORM Volunteer Training

Post Office Box 1110  
Tampa, Florida 33601



# Volunteer Information

(This page is yours to keep)

## Volunteer Responsibilities

- Horse Leader: An experienced horse handler responsible for guiding the horse's movement during the sessions.
- Side-walker: Responsible for assisting the rider with games and activities during sessions.
- Assisting with grooming, tacking and horse care.
- Interacting with the riders and engaging in appropriate conversations.

## Hours of Operation

Volunteer opportunities are the following:

Tuesdays: 8-12 or 2-5

Wednesdays: 8-12 or 2-5

Thursdays: 8-12 or 2-5

Fridays: 8-12

Saturdays: 8-12

Sundays: 8-12

## Volunteer Attire

Closed toe shoes must be worn at all times (absolutely no sandals or flip flops). Women should be dressed appropriately with no low cut shirts, short shorts or dangling jewelry. No vulgarity printed on shirts.

## Fire Drill Procedures

In case of a fire or an emergency, one of the fire bells will be rung (one in barn aisle and one near arena). Call 911. Move all riders on horseback, volunteers and staff to the northwest gate of the property. Staff will sweep through the barn, office and bathrooms and make sure everyone is accounted for.

## Directions

The Bakas Equestrian Center is located off of Race Track Road, within the Highland Park subdivision. Please drive cautiously through the subdivision, there are many young children and we like to keep good relationships with our neighbors!

- Go west on Ehrlich to Gunn Highway (landmark - Sickles High School)
- Turn right on Gunn Highway and go to the 2nd light (South Mobley Road - landmark - McDonalds)
- Turn left on South Mobley Road and go past Ed Radice Park
- Continue west to Race Track Road and turn left
- Go past the first light and take your next left onto Ecclesia Drive
- Stay on Ecclesia and go past the Goddard School and playground. The road will turn into a one-way street.
- Take the next left which is Canopy Drive
- Go until you see the bronze statue of a horse and turn right at Whisper Lake Trail. Follow the road all the way back to the concrete parking lot. You will see Bakas Equestrian Center, which is the barn with the clock tower.

To schedule times for volunteering, contact Jen West at 813-264-3890.