

City of Fort Lauderdale Green Your Routine Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

Can you volunteer at least 1 hour every other month to attend an informative meeting on behalf of your homeowners association, and in turn, present the information to your HOA in a timely manner?

Yes No

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

General Expectations of Volunteers

- Know your physical limitations and discuss any specific concerns with the Recycling Coordinator
- Remember...safety first
- Avoid offensive language or conduct
- Inform, not enforce the rules
- Be appropriately dressed for all activities
- Be friendly, courteous, and treat everyone in all circumstances with dignity, respect and integrity.
- Familiarize yourself with City programs and facilities

What if I can no longer participate?

Most volunteers are very active in the community. Should the need arise to resign at any time, volunteers are asked to meet with the Recycling Coordinator for an exit interview before leaving and to inform their Homeowners Association. Volunteers will be dismissed if their behavior is detrimental to the City, patrons, staff members or does not meet the requirements of the program, such as:

- Imposing personal, religious or political views on others
- Abusing alcohol or drugs
- Smoking when/where prohibited
- Failing to observe volunteer program regulations
- Stealing
- Possessing a weapon
- Sexual harassment

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Homeowner's Association Agreement and Signature

I, as President of the homeowner association represented by this applicant, affirm that he/she is acknowledged as our liaison to the Green Your Routine Recycling Incentive Grant Program.

HOA President Name (printed)	
HOA President Signature	
Homeowner's Association	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering.