

# EMPLOYEE SERVICES

## Directive - 0518



Date: 1/4/2022

Previously Revised: 11/29/2021

Established: 12/11/2008

## USE OF VOLUNTEERS POLICY

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### Purpose/Objective

This directive is applicable to all City departments, excluding JSO. It includes the other constitutional offices as well as City Council and also includes elected officials.

The City greatly benefits from the services provided by skilled and motivated volunteers and encourages involvement by Jacksonville citizens. The procedures for recruitment, selection and placement assist the City and the volunteer in establishing and maintaining a beneficial relationship. Volunteers are individuals who are non-paid, including interns and work-study program students. Volunteers must be a citizen of the United States, possess a social security number, and meet the minimum age requirement. A social security number is required for the background screening. The following is designed to inform supervisors and managers about the City's policy regarding the procedures for recruiting and utilizing volunteers in city departments.

### Minimum Age

- The minimum age to volunteer is 16; if there are programs where an exception is needed, contact Employee Services.

### Exceptions to Age Requirement

- Public Library
  - Students ages 12 – 15 may volunteer as a member of the Teen Advisory Board and/or during the summer youth program.
- Animal Care
  - Students ages 14 - 15 may volunteer with a parent or guardian.

## **Recruitment Options**

Employee Services continually and successfully recruits volunteers for various functions and events, both long-term and short-term commitments, and maintains a roster of interested individuals. Departments may contact the Employee Services Department directly concerning volunteer needs and the recruitment, selection and placement process will begin. The department may also be directly contacted by an interested volunteer. A written description of duties is required for a successful experience. Employee Services can work with departments to create the description prior to recruitment efforts beginning.

The Kids Hope Alliance and the Parks, Recreation and Community Services Department independently recruit, screen, select and place volunteers for their mentoring and youth athletic programs respectively. Employee Services assists with recruiting and screening as needed.

## **Selection Procedure**

If the volunteer applicant contacts Employee Services directly concerning opportunities, the applicant will complete an online *Volunteer Application*. The *Volunteer Application* will be forwarded to the appropriate staff member in areas that the volunteer is seeking to be placed. The appropriate staff member contacts the potential volunteer, within three (3) business days, to discuss volunteer opportunities and conduct an interview. If the applicant is selected, the staff member notifies Employee Services of the selection decision and completes the *Request for Background Screening Form and VECHS Waiver Form*.

If the volunteer applicant contacts the department directly, the staff member may conduct an interview prior to contacting Employee Services. Should the department wish to utilize the volunteer, the staff member notifies Employee Services of the selection decision and the volunteer completes the *Request for Background Screening Form and VECHS Waiver Form*.

If the department has a need for volunteers, a completed *Request for Volunteer* form (see sample attachment) should be submitted to Employee Services at least 30 days prior to the event. For Special Event volunteers, it is imperative to complete and return the *Request for Volunteer* form. If your event request is received with less notice call Employee Services prior to submitting your request. We will make every effort to honor all volunteer requests.

Once your *Request for Volunteer* form is submitted, a member of Employee Services will contact you to review the request and make appropriate amendments, if necessary.

Once your *Request for Volunteer* form is reviewed and accepted, Employee Services will recruit and confirm all volunteers requested. The department is responsible for onsite volunteer management.

## Special Event Volunteers

Special event volunteers are only to be used to support a specific event which may last a day or up to a week. These volunteers are not ongoing and can be recruited from a number of sources such as high schools, colleges, churches, military, and/or local businesses.

Events can consist of multi-day affairs (e.g., the Jazz Festival, World of Nations Celebration, and Sea Sky Spectacular) or one day events (e.g., the 4<sup>th</sup> of July Celebration, the Mayor's Older Buddies, Mayor's Fish-a-Thon, and Earth Day Celebration).

## City Employee Volunteers (Not JaxCares)

City employees may volunteer hours of service to the City on a limited time basis as long as they are not performing similar or identical duties for which they are being paid. A Volunteer Waiver, see the attached form, must be signed and submitted to Employee Services for approval prior to the employee volunteering. Duration of volunteer assignment should not exceed three (3) months. If an employee would like to continue volunteering beyond three (3) months, he or she will need to submit another waiver for approval.

## Screening

All City volunteers must be registered with the Employee Services Department and successfully complete a background screening prior to placement. This requirement also applies to youth participating in community service hour programs.

There is a cost associated with the background screening for volunteers. Currently, the cost is \$29.25 per volunteer. This cost would need to be approved and paid for by the department in which the volunteer will be placed. Drug testing is not generally required for volunteers. Managers must ensure that volunteers have been screened.

Some volunteer positions may require additional screening applicable to duties to be performed. Volunteers who are inactive for 2 years or more will be required to undergo re-screening.

A juvenile record search will be conducted for persons 18 years of age and under. A signed and notarized release form is required. There is no charge.

The **ONLY** exemption is for volunteers that register to assist with a certain special event such as World of Nations, Jazz Festival, Mayor's Holiday Festival, or similar special group projects. Appropriate supervisory controls shall be utilized in managing volunteers at special events.

The department conducts a mandatory orientation session of all applicable volunteer policies, procedures and benefits.

City badges are not issued to volunteers except in very limited circumstances.

## Placement

Once a volunteer has been cleared by Employee Services, the department will be notified. The department is responsible for contacting the volunteer to set up the report to duty. Please note that often small details and considerations become routine to "regular employees" and the volunteer may feel out of place. Departments are encouraged to orient the volunteer to the specific work environment and to find ways to show the City's appreciation. Employee Services can help with suggestions for recognition.

## Monitoring and Recordkeeping

The appropriate staff member is asked to complete an orientation using the *Orientation Checklist* (see sample attachment) within two weeks of engaging the volunteer. An email should be sent to Employee Services stating orientation has been completed.

All hours worked by volunteers must be recorded on a Volunteer Timesheet (see sample attachment) and returned to Employee Services by the 1<sup>st</sup> of each month. Reminder notices will be sent by Employee Services one week prior to the reporting deadline.

## Non-Selected Applicants

If the department chooses not to select the volunteer, it is courteous and professional to call the applicant and share the reason for non-selection in a positive manner. The department should notify Employee Services by email stating the reason you are not selecting the volunteer.

## Additional Information

Should you have further questions concerning this policy or its application not addressed in this document, contact Employee Services at:

**Phone:** 904-255-5600  
**Fax:** 904-630-8350  
**Email:** [volunteer@coj.net](mailto:volunteer@coj.net)

## Attachments

Please refer to the following attachments:

- Attachment: New Volunteer Orientation Checklist
- Attachment: Volunteer Time Sheet
- Attachment: Request for Volunteer (Special Event)
- Attachment: Request for Background Screening For Volunteers
- Attachment: VECHS Waiver Agreement and Statement
- Attachment: Parental permission form
- Attachment: Authorization for Juvenile Records Search (Notary Required)
- Attachment: Waiver for City of Jacksonville Employee to volunteer for the City of Jacksonville



City of Jacksonville

Employee Services Department



NEW VOLUNTEER
DIVISION ORIENTATION CHECKLIST

Congratulations on accepting a new volunteer in your division. The following list will ensure that the volunteer and department supervisor have had the opportunity to meet and discuss appropriate guidelines. Please send an email to volunteer@coj.net stating orientation has been completed and place the signed original in the volunteer's file. Questions or concerns should be directed to your Employee Services representative at 255-5600.

Volunteer Name \_\_\_\_\_

Department/Division \_\_\_\_\_ Start Date \_\_\_\_\_

Direct Supervisor of Volunteer \_\_\_\_\_

DATE

Division mission/goals. Explain division's role in the City and its relationship to other divisions and organizations. Quantify pertinent information, discuss general policies and customer service. \_\_\_\_\_

Division expectations of Volunteer. Discuss volunteer job description, expectations of work conduct, pace and completion. Explain the volunteer's role in teamwork or feedback about division (if applicable). \_\_\_\_\_

Introduction to and welcome from staff. Include the division's chain of command and communication procedures. Explain to whom problems, issues, absences etc. are reported. \_\_\_\_\_

Volunteer supervisor identified. Be sure the volunteer knows who their supervisor is for day-to-day assignments and what to do in the supervisor's absence. \_\_\_\_\_

Work space tour. Include staff break area, restrooms, where to store personal belongings. Also include conference rooms, sign out procedures, and supply locations. \_\_\_\_\_

Equipment to be operated and equipment safety. Identify equipment to be used by the volunteer and train on any safety hazards. Identify one person to whom equipment problems/questions are reported. \_\_\_\_\_

Emergency procedures. Identify MSDS location (if applicable), location of fire alarms/extinguishers and evacuation procedures. Also supply needed knowledge on universal precautions, bomb threats and how and to whom to report unusual circumstances. \_\_\_\_\_

Division schedule/Volunteer schedule. Explain division hours of operation and set the volunteer on a regular schedule. Be sure staff knows when to expect the volunteer so they may properly delegate tasks. \_\_\_\_\_

Telephone procedures. If applicable, train on phones and appropriate greeting. \_\_\_\_\_

Dress code. Discuss division's dress code, including footwear. \_\_\_\_\_

Meal/break standards. Explain expectations about lunch time and break time duration, appropriate Areas to eat, where/when to make a personal call etc. \_\_\_\_\_

Other \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Volunteer Signature \_\_\_\_\_





City of Jacksonville

Employee Services Department



REQUEST FOR VOLUNTEER

This form should be used each time a volunteer is needed.

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Division \_\_\_\_\_  
 Site Coordinator: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Volunteer \_\_\_\_\_ Position \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Code: \_\_\_\_\_  
 Number of Volunteers \_\_\_\_\_  
 Needed: (Minimum) \_\_\_\_\_ (Maximum) \_\_\_\_\_  
 Work Location: \_\_\_\_\_  
 Dates of Assignment: From: \_\_\_\_\_ To: \_\_\_\_\_

Days and Hours Volunteer will be Needed

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Assignment to Start: \_\_\_\_\_

Description of duties to be performed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Volunteer Will be Working with:  Money  Vulnerable Adults  Children

Check all that apply:

<input type="checkbox"/> Background Check Required	<input type="checkbox"/> Teen Volunteer acceptable
<input type="checkbox"/> Drivers' License Required	<input type="checkbox"/> Community Service Participant acceptable
<input type="checkbox"/> Disabled accessibility (ramp, elevator)	<input type="checkbox"/> Dress Code:
<input type="checkbox"/> Parking Available	<input type="checkbox"/> Bus Route

Please check the skills required performing this assignment:

Computer Skills:		Communication Skills:	
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Ability to read	<input type="checkbox"/> Effective Writing
<input type="checkbox"/> Internet	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Ability to write	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Spreadsheets		<input type="checkbox"/> Public Speaking	

Tools/Licenses required: \_\_\_\_\_  
 \_\_\_\_\_

Other pertinent information: \_\_\_\_\_  
 \_\_\_\_\_

Please submit 30 days prior to start of assignment:

\_\_\_\_\_



(Signature) Division Chief or Designee

Employee Services Department  
117 W. Duval Street, Suite 100  
Jacksonville, Florida 32202

**REQUEST FOR BACKGROUND SCREENING**

**PURPOSE OF POLICY**

To establish a citywide standardized policy and procedure for criminal background screening of all citizen volunteers pursuing volunteer opportunities with the City of Jacksonville or organizations utilizing volunteers in programs supported by City funding. Formalization of this process will assist the City in appropriately screening volunteers for the protection of children and vulnerable populations.

**APPLICATION OF POLICY**

All City volunteers, must be registered with Employee Services and successfully complete a background screen prior to placement. The ONLY exceptions are for volunteers that register to accumulate hours for a college scholarship or assist with a certain special event such as World of Nations, Jazz Festival, Mayor's Holiday Festival, etc.

**TO REQUEST A BACKGROUND CHECK FOR A VOLUNTEER**

1. Have the volunteer complete the "FDLE VECHS Waiver Agreement and Statement." (Form must be completely filled out in order for request to be processed.)
2. Call 255-5600 to let Employee Services know you will be sending a volunteer for screening.
3. No appointment is necessary for the background screening. Volunteer should bring the completed "Request for Background Screening" and "FDLE VECHS Waiver Agreement and Statement" to the Employee Services Office located at **117 W. Duval Street, Suite 100. Please arrive any time Monday – Friday between 9:00 am – 4:00 pm.**
4. **To verify your identity you will be required to show a valid picture ID and original social security card. Please note: We will not be able to proceed with the background screening without proper proof of identity and the FDLE VECHS waiver.**

.....  
**This section must be completed by a staff member.**

**Volunteer Name:** \_\_\_\_\_

**Name of Department Volunteer will be working:** \_\_\_\_\_

**Volunteer Supervisor Name:** \_\_\_\_\_

*(this is the person in the department/division that will get the background results)*

**Volunteer Supervisor Phone Number:** \_\_\_\_\_



City of Jacksonville

Employee Services Department



**FOR ACCOUNTING AND BILLING PURPOSES**

**(This section must be completed by the Requesting Department's authorized signatory / approver)**

Note: Please be informed that effective October 1, 2012, the Employee Services Department will use the information below to pay all FDLE screenings. This form will serve as your approval for us to charge your department for these expenses.

**We (the requesting department), authorize the Employee Services department to process billing by:**

Paying with requesting department's Blanket Order # \_\_\_\_\_

Paying with Employee Services Blanket Order # \_\_\_\_\_ then charge via a journal entry the requesting department's Index code: \_\_\_\_\_ and

Sub-object: \_\_\_\_\_ ; or if applicable, please specify Grant, Grant Detail, Project, Project

Detail: \_\_\_\_\_

Requesting Department: \_\_\_\_\_ Requesting Division: \_\_\_\_\_

Requesting department's authorized signatory / approver's name: \_\_\_\_\_

Requesting department's authorized signatory / approver's signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Requesting department's Billing contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PARENT'S/GUARDIAN'S/OR LEGAL CUSTODIANS  
PERMISSION FOR MINOR TO PARTICIPATE  
AND CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**Full Name and Address of Parent/Guardian/or Legal Custodian:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Phone Number (specify) \_\_\_\_\_

Full Name of Minor \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

I hereby authorize the City of Jacksonville to view my (son's, daughter's, or ward's) juvenile record(s) to the extent allowed by Florida Statue Section 985.04.

Parent/Guardian/Legal Custodian Signature: \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission for \_\_\_\_\_  
(Print name of parent, guardian, or legal custodian) (Print name of minor)

to participate as a volunteer in City of Jacksonville's Volunteer Service Program. I, \_\_\_\_\_  
(Parent, guardian, or legal custodian)

further consent that the City of Jacksonville, its applicable Department or Division, obtain necessary emergency  
medical treatment and/or transportation for \_\_\_\_\_ in the event of accident, injury  
(Print name of minor)

or sudden illness while said minor is engaged in the City of Jacksonville Volunteer Service Program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent, guardian or legal custodian)

**Medical Information and Disclosure**

Said minor has the following special medical conditions (including allergies): \_\_\_\_\_

Said minor currently takes the following medications (prescription or otherwise): \_\_\_\_\_

Physician's Name and Address: \_\_\_\_\_

Physician phone: \_\_\_\_\_ Date of Last DPT or Tetanus: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_

CENTRAL OPERATIONS DEPARTMENT  
HUMAN RESOURCES DIVISION



**AUTHORIZATION FOR JUVENILE RECORD SEARCH**

APPLICANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

**I HEREBY AUTHORIZE THE CITY OF JACKSONVILLE TO VIEW MY (SON'S, DAUGHTER'S OR WARD'S) JUVENILE RECORD(S) TO THE EXTENT ALLOWED BY FLORIDA STATUTE SECTION 985.04:**

SIGNATURE \_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
PARENT/GUARDIAN  
(IF APPLICANT IS UNDER THE AGE OF 18)

State of Florida

County of Duval

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

was \_\_\_\_\_ who produced his/her \_\_\_\_\_

for identification or who is personally known to me \_\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY STAMP

**WAIVER FOR CITY OF JACKSONVILLE EMPLOYEE  
TO VOLUNTEER FOR THE CITY OF JACKSONVILLE**

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**Department/Division:** \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

**Volunteer duties to be performed:** \_\_\_\_\_

**Dates of volunteer service: from** \_\_\_\_\_ **to** \_\_\_\_\_  
(not to exceed three (3) months)

**Volunteer agreement:**

I have agreed to work as a volunteer for the City of Jacksonville (the "City") and do so of my own free will. As a volunteer, I am not performing the same or similar duties as the duties I perform for the City as an employee. I acknowledge that as a volunteer, I will not be acting under the scope or course of my employment with the City. I understand that my work as a volunteer does not entitle me to compensation or payment of any kind from the City. Furthermore, I acknowledge that the City does not provide health insurance, workers' compensation insurance, or any other employee benefit to volunteers.

**Risk agreement:**

I fully recognize and accept that volunteering has risks and unforeseen dangers (such risks could be, but are not limited to: mental/emotional stress or physical injury). I understand the volunteer duties as they have been described to me and understand the minimum requirements to volunteer for the work described above. I agree to assume all risk and be solely responsible for my own actions, omissions, and health, safety and welfare while traveling to or from my volunteer activities and while performing my duties as a volunteer.

**Waiver, release, hold harmless, and indemnification agreement:**

I acknowledge that the City does not guarantee safety. I voluntarily waive, release, and hold harmless the City, its officers, employees, directors, agents, principals and other volunteers from all claims, accidents, injuries, or death that may result from actions related to my volunteer activities. I understand that this document disqualifies me from recovering damages against the City should I be injured in the course of my volunteer duties. I shall defend, hold harmless, and indemnify the City, its officers, employees, directors, agents, principals and other volunteers from and against all claims, accusations, notices, judgments, rulings, liabilities, expenses, etc. that may exist as a result of my actions, inactions, errors, acts, or omissions related to my volunteer work.

**Acknowledgement and signatures:**

I have read and fully understand the above waiver and release. I understand that by signing this document I am giving up certain rights and accepting certain duties.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Employee Services: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval Required by the Director of Employee Services**

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

For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee and/or volunteer.

I hereby authorize (*enter Name of Qualified Entity*) \_\_\_\_\_  
to submit a set of my fingerprints and this form 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. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that upon request you may provide me a copy of the criminal history record report, 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 and/or volunteer.

A national criminal history record check has previously been requested by:

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity)

\_\_\_\_\_  
(Year of Request)

I  have OR  have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:  
\_\_\_\_\_  
\_\_\_\_\_

I  do OR  do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one):  Employee  Volunteer

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

Printed Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

**ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY**