

**HERNANDO COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD/COMMITTEE APPLICATION**

Please type or print clearly

Name of Board/Committee _____
Check one: **Full Member Position**
 Alternate Member Position

Name _____
(Your name must be listed as it appears on your voter s registration card)

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION. YOUR FAILURE TO ANSWER FULLY AND TRUTHFULLY ALL QUESTIONS COULD RESULT IN YOUR APPLICATION BEING DENIED OR YOUR SUBSEQUENT REMOVAL FROM ANY BOARD/COMMITTEE IF APPOINTED.

Address _____

City _____ Zip _____

Telephone _____ (home) _____ (business)

E-mail address _____

Are you a resident of Hernando County? _____

Voter Registration Number _____

Education _____
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)

Employment History _____
(Attach a resume if available)

Licenses or Certificates Held _____

Have you ever previously applied for a position on any County Board/Committee? _____

If yes, please state the Board(s)/Committee(s) you applied for, when you applied, and whether you were appointed

Have you ever been convicted, plead guilty or no contest, or entered into PTI for a felony or 1st/ 2nd degree misdemeanor? _____

Answering yes does not automatically disqualify you for consideration

If yes, what charges? _____

Are you currently involved as a defendant in a criminal case? _____

If yes, what charges? _____

Have you ever been named as a defendant in a civil action suit? _____

If yes, when and describe action _____

Please state your reasons for applying to this Board/Committee _____

Please list three character references of persons NOT related to, NOT an employer, NOT an employee of you or your company, and whom you have known at least one (1) year. Please include addresses and phone numbers.

1. _____
2. _____
3. _____

I hereby request consideration as a committee/board appointee. It is my intention to familiarize myself to the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgement, fairness, impartiality, and faithful attendance. By my signature below, I hereby authorize Hernando County to check my references and my background including, without limitation, obtaining a criminal history check and/or consumer credit report. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by provisions of the State Sunshine Law.

I hereby swear and affirm, under Penalty of Perjury, that the above information is true and correct.

Applicant s signature _____

(Please direct all inquiries to the County Administrator s Office at 754-4002.)

Completed applications may be submitted to the County Administrator s office, 20 North Main Street, Room 263, Brooksville, Florida 34601, or faxed to 352-754-4477.



Hernando County Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that a consumer report or investigative consumer report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, credit bureaus, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

PERSONAL INFORMATION

Legal Name: _____
Date of Birth: _____
Other Names Used: _____
(Legal Name) First M.I. Last
Dates Used (from/to): _____
Home Phone #: _____
Cell Phone #: _____
E-mail Address: _____
Are you 18 years of age or older? Yes No

GEOGRAPHIC INFORMATION

Current Address: _____
City, State, Zip : _____
Time at this address: _____ Years _____ Month
Previous Address: _____
City, State, Zip : _____
Time at this address _____ Years _____ Month

By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

Applicant's Signature

Date



Hernando County Volunteer Waiver of Liability and Release Form

I, the undersigned, agree to volunteer for Hernando County in the Volunteer Program. I understand that the activities involved in participating in the Program contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition. I agree to indemnify and hold Hernando County, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may result from my participation in the volunteer activities. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the County.

I further agree to release, waive and discharge, and covenant not to sue the County, its officials, employees or volunteers for any claims, demands or actions whatsoever arising out of any damage, loss, injury or death to the undersigned participant that may result from participating in the Volunteer Program described herein. This release of liability and indemnity applies to undersigned participant, as well as any personal representatives, assigns, heirs and next of kin.

I further understand that during the course of my volunteer activities, I may come into contact with individuals who have not received a background screening.

In accordance with Florida Statute, Chapter 440.02 (6), volunteers working for a governmental entity are eligible for workers' compensation benefits with the exception of Court ordered community service volunteers.

Further, I agree to perform the volunteer service in compliance with the standards and specifications established by the County, and I understand my volunteer services can be terminated at any time, and for any reason.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive and I sign this waiver and release voluntarily.

I grant Hernando County full permission to use my photographs, videotapes, or any other manner of recording my participation in this Program for any purpose.

Printed name of Volunteer

Signature

Date

Signature
(Parent or Legal Guardian if under 18)

Date

Contact Information:

Name: _____ Address: _____

Phone No. _____ Email: _____

Emergency Contact #1: _____ Relationship: _____

Phone No. _____

Emergency Contact #2: _____ Relationship: _____

Phone No. _____