

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS AVIATION DEPARTMENT
AIRPORT AMBASSADOGS HANDLER/ DOG PROGRAM APPLICATION**

Handler Information

**SUBMIT
Via Email**

Legal Name (Please Print) First _____ Middle _____ Last _____

Date of Birth _____ E-Mail Address _____

Driver's License Number or Social Security Number _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

In Case of Emergency Contact: Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

If you should require accommodation for any volunteer duties due to functional limitations, please explain accommodation required: _____

Note: Effective October 1, 2000 a Criminal Background Check Is Required.

Since Your 18th Birthday, Have You Been Convicted Of Any Violation Of The Law, Other Than Minor Traffic Offenses, or Pled Nolo Contendere (No Contest) to Criminal Charges, Even if Adjudication was Withheld?

Yes _____ No _____ If Yes, Please Give:

Name of Offense _____ (Check One) Misdemeanor Felony

Name and Location of Court _____

Disposition of Case _____ Date _____

Note: A conviction does not automatically disqualify you from participating as a volunteer with the County. The nature of the offense, how long ago it occurred, relationship to this volunteer opportunity, etc., are given consideration.

The above information is accurate to the best of my knowledge.

Signature: X _____ **Date** _____

DOG INFORMATION

Dog's Call Name _____ Breed or Mix Type _____

Dog's Date of Birth If Known or Approximate Age _____ Male Female

Time as a Therapy Dog _____

Certifying/Registering Organization _____

*****The Following Items are required and Must be Included for Participation and proof of renewal as required.**

- Copy of Proof of Current Rabies Vaccination.
- If your dog resides in Broward County, proof of current Broward County Registration. For information regarding your Broward County Dog License please visit:
<http://www.broward.org/Animal/TagsAndShots/Pages>
- Proof of Negative Fecal Exam Done Within the Last 12 Months (Signed & Dated Written Proof from Veterinarian or Clinic).
- Copy of Therapy Dog Certification/Registration. Must be current.
- Copy of Insurance Policy. At the Minimum, Policy Should Include:
 - \$1,000,000 Commercial General Liability Per Occurrence
 - \$2,000,000 Aggregate
- Additional Information: Dog shall be treated for fleas, either commercial or homeopathic method

Any additional information we should know about your DOG? Please write in space below.

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS AVIATION DEPARTMENT STANDARDS OF CONDUCT

County volunteers are personally and professionally obligated to serve the public with honesty and integrity. It is essential that all County volunteers maintain the trust of the public, the County Commission, and co-workers. All County volunteers must abide by the policies which govern the conduct for employees in the following areas:

1. **CONFLICT OF INTEREST** : Avoiding the appearance or reality of a conflict of interest forms the basis for the County's ethics policies. Public employment (including volunteering) is not to be used for unauthorized personal gain.
2. **ACCEPTING OR SOLICITING GIFTS** : A County Volunteer must not accept or solicit any gift, regardless of value, in his or her official capacity. In addition, a County Volunteer must not solicit or accept of any gift, in his or her personal or official capacity that may be reasonably perceived to be given to encourage or discourage the Volunteer from taking any decision or other action in connection with his or her County position. A gift given to, or received by, a member of the Volunteer's immediate family would also be covered under this prohibition.
3. **CODE OF ETHICS** : Central to the standard of ethical conduct is the Board of County Commissioners' policy that no officer, employee or volunteer shall have any interest, financial or otherwise, direct or indirect, or engage in any business transaction, or professional activity or incur an obligation of any nature which is in conflict with the discharge of his/her duties in the public interest. Since the confidence of the citizenry is the very foundation for effective Government, even an unfounded appearance of unethical conduct by a public employee/volunteer can significantly impair the capability of Government.
4. **NONDISCRIMINATION**

It is the policy of Broward County Government that all employees and volunteers should be able to enjoy a work environment free from all such forms of discrimination, including ***sexual harassment**. No employee or volunteer – whether male or female – should be subjected to unsolicited and unwelcomed sexual overtures or conduct, whether verbal or physical. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior, which is not welcomed, which is personally offensive, which debilitates morale, and which, therefore, interferes with work effectiveness. Such conduct, whether committed by supervisors or non-supervisory personnel or volunteers, is specifically prohibited. ***Copies of Broward County's full Policies (and Expanded Policies) on Sexual Harassment and Anti-Harassment are available upon request.**



POLICY OPPOSING WORKPLACE VIOLENCE

Broward County is committed to the goal of maintaining a work environment free from violence or the threat of violence. As a County volunteer, you have a personal and professional responsibility to be aware of the County policy, to review and understand it, and to comply with the Workplace Violence Prevention & Intervention Policy. **A copy of Broward County’s full Policy Opposing Workplace Violence is available upon request.**

EQUAL OPPORTUNITY POLICY

It is the policy of Broward County, Florida, as established by the Board of County Commissioners, to provide equal opportunity in, and equal access to, County Government employment and volunteer assignment for all qualified persons regardless of race, color, religion, national origin, gender, gender identity or expression, pregnancy, age, disability, or sexual orientation. **A copy of Broward County’s full Equal Opportunity Policy is available upon request.**

I acknowledge that as a Broward County volunteer, I have a personal and professional responsibility to be aware of the above referenced County policies, have been given the opportunity to review and understand these policies, and I agree to abide by these policies.

VOLUNTEER SIGNATURE:

X _____ **DATE** _____

NOTE: SIGNATURE OF PARENT/LEGAL GUARDIAN IS REQUIRED FOR VOLUNTEERS UNDER 18 YRS. OF AGE

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

NOTICE: THIS FORM CONTAINS A RELEASE, INDEMNITY AND WAIVER OF LIABILITY IN FAVOR OF BROWARD COUNTY. WHEN SIGNED, THIS FORM IS A CONTRACT WITH LEGAL CONSEQUENCES. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I hereby acknowledge that I am a volunteer for Broward County and that I have read and clearly understand my responsibilities as a volunteer. I agree to exercise due care in the performance of my responsibilities as a volunteer and that I have no known health problems that would hinder or be aggravated by my participation as a volunteer. I further agree to release, waive, discharge, and covenant not to sue Broward County, its officers, agents, and employees, from any and all liability or claims for damage or injury that may be caused or sustained by me or my dog directly or indirectly in connection with, or arising out of my volunteer activities, **whether caused in whole or in part by the negligence of Broward County.** Moreover, I agree to indemnify and hold harmless Broward County with respect to any and all damages, including all fees, costs, expenses, and attorney’s fees, resulting from any losses sustained by third parties, arising out of my actions or alleged actions in connection with my volunteer duties.

VOLUNTEER SIGNATURE:

X _____ **DATE** _____

For Division Use (Must Be Completed By Site)

Offer Withdrawn Qualified

Please Forward Original Signed Application to: Customer Relations Manager, 2200 SW 45th Street, Suite 101, Dania Beach, FL 33312