



TARA S. GREEN, CLAY COUNTY CLERK OF COURT AND COMPTROLLER

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CLAY COUNTY CLERK OF COURT AND COMPTROLLER
VOLUNTEER / INTERNSHIP APPLICATION

FULL NAME _____ DATE _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY ZIP CODE

PHONE _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

EMPLOYER/SCHOOL _____ PHONE _____

ADDRESS _____
STREET CITY ZIP CODE

What type of volunteer role interests you? _____

What location(s)? (Check all that apply)

☐ Clay County Courthouse ☐ Archives/Old Jail & Old County Courthouse ☐ Clerk's Fair Booth

Copies of the following must accompany application: Driver's License and Fingerprint Card

REFERENCES

Please print **COMPLETE** name, address, and relationship of three references. Your references must have known you for the last two years. Each should be in a position to evaluate your qualifications as a volunteer. References should not include family members or with people you are in a personal relationship. (i.e., boyfriend, girlfriend, fiancé).

1. _____
NAME ADDRESS ZIP
PHONE RELATIONSHIP YEARS KNOWN
2. _____
NAME ADDRESS ZIP
PHONE RELATIONSHIP YEARS KNOWN
3. _____
NAME ADDRESS ZIP
PHONE RELATIONSHIP YEARS KNOWN

I hereby authorize the Clay County Clerk of Court and Comptroller (FL) to contact my employer for employment verification and references provided for a background investigation. I also understand that this application process will require that a criminal history background check will be conducted and that I must provide a fingerprint card.

Applicant Signature

Date

Parent/Guardian Signature, if applicable

Date

Print Name

VOLUNTEER / INTERN WAIVER AND RELEASE OF LIABILITY

In consideration of volunteering at locations managed by the Clay County Clerk of Court and Comptroller's office (FL), I, _____ with intent to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights, claims for damages, including any claims of loss, damage or injury to my person or property, whether or not known or reasonably foreseeable, which may be associated with my activities with the Clerk's Office of Clay County, Florida. I shall hold harmless, indemnify and defend the Clerk's Office directors, officers, employees, representatives and agents against any claims, liability, and demands of whatever kind of nature (including but not limited to, attorney's fees and court costs) arising out of injury (whether mental or corporeal) to myself, including death, or damage to property, arising out of my volunteer position.

I hereby consent to allow any photograph or likeness of me to appear in any official document, advertisement, and/or media coverage of the Clay County Clerk of Court and Comptroller's office (FL).

As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed valid, the enforceability of the remaining provisions of this Release shall not be affected.

Volunteer Signature

Date

Print Name

Parent/Guardian Signature, if applicable

Date

Print Name