



Instructions: Please complete the attach volunteer form and obtain all approvals. No volunteer should begin until all approvals are in place and the background check has been cleared if applicable. The completed form should be returned to the Office of Human Resources.

**Volunteer Personal Information**

Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Are you a U.S. Citizen or Alien who has a legal right to work in the United States?**

Yes  No

**Volunteer Type:**

- Regular (provides continuous services)
- Occasional (provides one-time or occasional voluntary service)

**Activity/Service Details:**

Will the volunteer render services in a position of special trust or safety sensitive area? (If Yes, click [FAMU Regulation10.131](#) - Employee Background Screening and Fingerprinting and contact the Office of Human Resources prior to the volunteer starting).

Yes  No

**Location/Department Activity/Service is to be performed:**

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

**Time Period Services will be rendered:**

**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

**Hours Per Week Available to Volunteer:** \_\_\_\_\_

**Terms and Conditions:**

Volunteers are not considered to be employees of the State of Florida. Volunteer hours may be applied toward community service credits or as work experience when applying for a state position. Volunteers are covered by state liability protections (Chapter 768.28, F.S.) and by workers compensation (Chapter 440, F.S.). No other benefits or collective bargaining agreements shall apply. Volunteers shall comply with all applicable department rules. This agreement can be cancelled at any time following notice by either party. Upon termination of this agreement, all uniforms, ID cards, and other state-supplied property shall be returned. By signing this application, I hereby agree to the terms and conditions cited herein.

SIGNATURES

\_\_\_\_\_  
 Volunteer's Signature Date

\_\_\_\_\_  
 Department Head Signature Date

\_\_\_\_\_  
 President/COO/Vice-President's Signature Date