



**Personal Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In case of an emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you under the age of 18?    \_\_\_ Yes                    \_\_\_ No

Note: If Yes, you will need to submit a completed Minor Release form.

Are you a current or former Florida Polytechnic employee?    \_\_\_ Yes                    \_\_\_ No

If Yes, please provide dates of employment: \_\_\_\_\_

**Availability**

How many hours can you volunteer per week? \_\_\_\_\_

Preferred Hours/Days: \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Available End Date: \_\_\_\_\_

**Preferred Assignment:**

I would like to be considered for a volunteer opportunity in the following area:

College/Department:

College: \_\_\_\_\_ Department: \_\_\_\_\_

Assignment: \_\_\_\_\_

The below named person (“Volunteer”), requests to be appointed as a volunteer for FPU, pursuant to Chapter 110, Part IV, Florida Statutes, to perform those volunteer services approved by the University. Volunteer agrees to perform said volunteer services in a diligent and safe manner. Volunteer hereby acknowledges and agrees that any appointment to act as a volunteer for the University is without promise, expectation, or receipt of compensation or future employment for the services rendered, and Volunteer agrees to comply with the terms hereof.

The University acknowledges that Volunteer will be provided with liability protection pursuant to Section 768.28(9), Florida Statutes, and covered by Workers’ Compensation, in accordance with Chapter 440, Florida Statutes. However, Volunteer will not be entitled to such liability protection and workers’ compensation for willful or malicious conduct or conduct outside the scope of approved volunteer services.

Volunteer agrees to complete and submit time sheets to be provided by the University and verified by Volunteer’s supervisor, indicating the dates and times of volunteer services rendered for the University, and further agrees to comply with all applicable rules and regulations of the University. Volunteer recognizes that Volunteer is not part of any collective bargaining unit, is an unpaid independent volunteer, and is not entitled to Unemployment Compensation should Volunteer’s appointment be discontinued. The University reserves the right to discontinue the appointment of Volunteer at any time it is deemed to be in the University’s best interests.

Volunteer agrees that Volunteer is not authorized to bind the University to any contract or obligation whatsoever, and Volunteer is responsible for all statements made or actions taken by Volunteer that may be outside the scope of Volunteer’s assigned duties. The University’s approval of volunteer services does not certify Volunteer’s compliance with any obligations or restrictions Volunteer may have under federal law relating to any non-immigrant visa status or extension thereof. Based on the nature of volunteer services to be performed, Volunteer may be subject to a background check. To determine if a background check is required, contact the Office of Human Resources.

**Certification Statements**

**I understand that Florida Polytechnic University has no obligation to assign an individual to perform voluntary service solely on the basis of this application. I have read and fully understand the contents of [Florida Statutes 110.501-110.504](#) for volunteers of State agencies and the University’s Volunteer Guidelines.**

**Volunteer:**

Print Name

Signature

Date

**Supervisor:**

Print Name

Signature

Date

**Please provide copies of this two page Volunteer Service Application to the Department that you are interested in for a volunteer opportunity. Questions: 863-874-8821**