

UNIVERSITY *of* WEST FLORIDA

VOLUNTEER AGREEMENT

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Phone #: _____ Alternate Phone #: _____

Department: _____ Job Title: _____

Are you a current UWF Student? Yes No

Emergency Contact Information

In case of emergency, the following person should be contacted:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

Employer's Responsibilities:

Volunteer shall be assigned specific duties in a general work area by the immediate university supervisor. Volunteer shall have appropriate training and/or experience to perform volunteer duties in a safe manner. Volunteer service should not displace work normally performed by University employees.

Volunteer shall be covered by Workers' Compensation and by Florida State liability protection in accordance with the provisions of Florida Statute 768.28.

Volunteer shall receive appropriate training and supervision. Volunteering does not guarantee any temporary or permanent employment for the volunteer by the University. Time volunteered in any volunteer position cannot be credited for purposes of retirement, benefits or retention points in a lay-off if the volunteer is later employed in a permanent position. A volunteer shall be considered as an unpaid, independent volunteer and shall not be entitled to unemployment compensation.

The University shall provide volunteer references, if requested by the volunteer, based upon the volunteer's record of service. The University has the right to conduct background reference checks on the volunteer prior to assigning the volunteer tasks.

Description of Duties:

_____ has volunteered to assist the _____
(PRINT NAME) (DEPARTMENT)

with the following activities: _____

_____ ("Activities")

It is expected that Activities will be provided (dates) _____ to _____

for approximately _____ number of hours: daily; weekly; monthly.

Volunteer's Responsibilities:

Volunteer agrees to follow the rules and guidelines established by the appropriate department and understands that failure to adhere to these rules may end his/her volunteer status.

Volunteer agrees to fulfill the retaining requirements of his/her program. This may include attendance at meetings, lectures or training sessions as deemed necessary.

By signing below, the volunteer acknowledges receipt and understanding of the University policy on fraudulent or other wrongful acts and receipt of the policy concerning the University as a drug-free workplace as outlined in HR-15.00-2004/07 Employee Code of Ethics.

I am legally authorized to work in the United States of America.

I am at least 18 (eighteen) years of age and have reviewed this agreement and understand the provisions contained herein.

Volunteer is under the age of 18 (eighteen) years of age. As the parent or legal guardian, I have reviewed this agreement and understand the provisions contained herein and give my consent for the above named minor to volunteer.

I acknowledge that in exchange for the University allowing me to participate in the above-referenced or other volunteer services, I give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property.

I will immediately report any injury to my university supervisor and will follow the University's procedures for addressing such injuries. Further, I acknowledge and agree that if I become aware that any claim is threatened or made against me by another party related to my volunteer efforts, I will immediately advise my university supervisor of my understanding of the allegations or claim against me.

I acknowledge and agree that as a volunteer at the University, I will comply with the University's regulations, policies, requirements and all applicable state and federal statutes while performing my university volunteer efforts to the best of my ability.

I understand that during the Activities, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University or to individuals who do not have a legitimate need to access such information. I agree to keep all University records and files confidential. I also agree to keep confidential any health or student information that I observe or access and will not disclose, discuss or reveal any such information to anyone, except where required within the scope of my volunteer service.

I acknowledge and agree that I am required to act and perform the Activities in a mature, responsible and professional manner at all times and further acknowledge and agree that I will be held responsible for my own behavior.

Volunteer Signature

Date

Parent or Guardian Signature
(if under 18 years of age)

Date

Printed Name of Parent or Guardian

Phone #

Supervisor Signature

Date

Printed Name of Supervisor

Phone #

HR Representative Signature

Date

Printed Name of HR Representative