



Section 1 - VOLUNTEER INFORMATION

Name: _____

Date of birth: _____ Phone #: _____
Attach proof of age if volunteer is under the age of 18

Home Address: _____
Street City State Zip

Mailing Address (if different than above): _____
Street City State Zip

Have you ever pleaded "nolo contendere" (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first degree misdemeanor or a felony? Yes No *If yes, please list the date: _____

Offense and disposition:
(Please explain fully)

Table with 3 columns: Name, Relationship to volunteer, Phone#

As a volunteer, I agree to abide by all applicable rules and regulations of the Board of Regents and the University of Florida and the guidelines of this unit and to fulfill the volunteer responsibilities to the best of my abilities. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this agreement at any time without prior notice.

Volunteer's Signature: _____ Date: _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the University of Florida. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf.

Parent/guardian: _____
Printname Signature Date

Section 2 - TO BE COMPLETED BY THE SUPERVISOR

Department where volunteer will work: _____

Supervisor responsible for volunteer's work: _____
Name and title

Supervisor's phone #: _____

Please describe the work the volunteer is expected to perform:

Volunteer's qualifications to perform this work: _____

Volunteer work will begin: _____ and end: _____

Supervisor's Signature: _____ Date: _____