

Record of Volunteer Service

SECTION 1 – VOLUNTEER INFORMATION

If this service is required for course work at FSU, then you are considered a student and not a volunteer. Students are not covered under worker’s compensation and are not required to complete this form. If the volunteer is a minor please contact the Office of Human Resources at HR-ERS@fsu.edu.

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

Is there any reason why you can not perform the work described below? Yes* No *If yes, please contact the supervisor to discuss.

As a volunteer, I agree to abide by all applicable rules and regulations of the Florida State University and guidelines of this unit and to fulfill the volunteer responsibilities as described below to the best of my ability. 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. I have reviewed the workers compensation guidelines on Page 18 of the Employee Handbook. I have reviewed University Volunteer Policy 4-OP-C-7-J4.

Volunteer’s Signature:

Date:

Parent/Guardian Consent:

Required if Volunteer is under 18

As the parent/guardian I grant my permission for, for Florida State University.

to participate as an unpaid volunteer

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Emergency Contacts:

Emergency Contact Printed Name

Primary Phone

Alternate Phone

SECTION 2 – TO BE COMPLETED BY THE SUPERVISOR

Department/s where volunteer will work:

Supervisor responsible for volunteer’s work:

Supervisor’s phone #: Name and Title

Please describe the work the volunteer is expected to perform:

Volunteer’s qualification to perform this work:

Physical requirements of the work performed, for example, lifting, climbing (be specific):

Volunteer work will begin and end

Volunteer’s references:

Name

Relationship to volunteer

Phone #

Name

Relationship to volunteer

Phone #

A Criminal History Background Check may be required for this role per University Policy 4-OP-C-7-B11. Please have a Questionnaire and Request Form (if needed) completed for each Volunteer via the Background Check Forms Portal. Please see hr.fsu.edu/bgc for details of the Background Check process.

Supervisor’s Signature:

Date: