UF UNIVERSITY of FLORIDA

Record of Volunteer Service

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? o Yes* o No

*If yes, please list the date: _____

Offense and disposition (please explain fully): _____

_____

As a volunteer, I agree to abide by all applicable rules and regulations of the University of Florida and guidelines of this unit and to fulfill the volunteer responsibililties 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.

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: _____ _____ _____

Print name 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 _____

Volunteer's references: _____

Name Relationship to volunteer Phone #

_____

Name Relationship to volunteer Phone #

Supervisor's Signature: _____ **Date:** _____

This form should be maintained by the department in which the volunteer will work.

HRS-RVS1 03/07