

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, available online at:

<http://generalcounsel.usf.edu/client-resources/pdfs/release-adult-minor.pdf>

Are you a current or former USF 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: _____

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The below named person (“Volunteer”), requests to be appointed as a volunteer for USF, 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 nonimmigrant 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 Division of Human Resources.

Certification Statements

I understand that the University of South Florida 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:

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: 813-974-2970

This form must be completed by the Supervisor

Is the volunteer a current student? Yes No

If Yes, are the proposed activities part of their academic program and education? Yes No

If **Yes**, STOP. This does not constitute volunteer service and there is no need to complete the volunteer process.

If **No**, continue below.

Will the proposed volunteer service be with any of the following programs? YES NO

- Home Instruction for Parents of Preschool Youngsters (HIPPPY)
- Hillsborough HIPPPY Parent Involvement Project (HHPIP)
- Early Steps
- Campus Recreation
- USF Cyber Camp
- Band Camps
- Da Bull Reed Camps
- Boule Internship Program
- Child Language Intervention Laboratory/Education Research CBCS
- Rightpath Center Core Research Team - Research team in public and private schools and organizations
- Urban Scholars Outreach Program
- Dr. A.N.V Gurukulam Program
- USF Pre-College
- Upward Bound
- Silver Child Development Center
- Pediatric HIV/AIDS Program
- The Rothman Center for Pediatric Neuropsychiatry
- ALS Studies
- Pediatric Myasthenia Gravis (MG) Clinical Trial
- Referral Center
- The Department of Pediatrics

*NOTE: If you answer yes to any of the above, the volunteer will need to submit to a level 2 Background Check

Does the proposed volunteer service involve any of the following? YES NO

Human Subjects Research? NOTE: This will require at least a Level 1 background check

- If Yes, does the Human Subjects Research include:
 - Interaction with minors or other vulnerable populations?
 - Access to Protected Health Information (as defined under HIPAA) and/or Sensitive Identifiable Information?

Note: If Yes to either of the above, the volunteer will need to submit to a Level 2 background check.

Use of Hazardous materials or procedures? (Volunteer may be subject to USF Policy #6-038)

*NOTE: If yes, additional documentation and training may be required, per University policies and procedures.

Operate a vehicle transporting 16 or more passengers, transporting hazardous materials, or utilizing equipment with a gross weight of 26,001 or more pounds?

*NOTE: If Yes, a commercial driver's license and substance abuse testing may be required by federal law.

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This form must be completed by the Supervisor

Description of Duties of Volunteer Service:

Volunteer Acknowledgment of Duties:

By signing below you are verifying that the duties listed above have been reviewed by you, the Volunteer, and that you agree to complete these duties during your volunteer appointment with the University

Name: _____ Signature: _____ Date: _____

Proposed Dates of Volunteer Service:

Start Date: _____ End Date*: _____

*Volunteer Extension Request Form must be submitted for service extending past August 6th

Supervisor Approval:

I certify the volunteer service will not displace a paid position.
I certify that the volunteer is not otherwise employed by USF to perform the same types of duties as those listed above.

Name: _____ Signature: _____ Email: _____

-----THIS SECTION IS FOR DIVISION OF HUMAN RESOURCES USE ONLY-----

Approved Dates of Volunteer Service:

Start Date: _____ End Date: _____

Name: _____ Email: _____

Signature: _____

Please return copies of the Volunteer Service Application and Volunteer Appointment Forms to Division of Human Resources, SVC 2172 or email Volunteerservice@usf.edu. Questions: 813-974-2970