



# FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY

## VOLUNTEER ACTIVITY AND SERVICES FORM

**Volunteer Personal Information**

Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Are you a U.S. Citizen or alien who has a legal right to work in the United States?** Yes  No**Volunteer Type:** Regular (provides continuous services) Occasional (provides one-time or occasional voluntary service) Material Donor\* (provides funds, materials, employment, or opportunities for students or employees without compensation)*\* Note: A Material Donor must be approved by the Vice-President or President of the Division* Courtesy Appointments – An unpaid appointment which may include special academic privileges such as voting in departmental affairs. Persons appointed with this status may or may not be otherwise affiliated with the University.**Activity/Service Details:****Will the volunteer render services in a position of special trust or safety sensitive area? (If Yes, see FAMU Regulation 10.131 Employee Background Screening and Fingerprinting and HR IOP-1002)** Yes  No

Location/Department Activity/Service is to be performed:

\_\_\_\_\_  
\_\_\_\_\_

Time Period Services will be rendered:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Hours Per Week Available to Volunteer: \_\_\_\_\_

**Terms and Conditions:**

Volunteers are not considered to be employees of the State of Florida. Volunteer hours may be applied toward community service credits or as work experience when applying for a state position. Volunteers are covered by state liability protections (Chapter 768.28, F.S.) and by workers compensation (Chapter 440, F.S.). No other benefits or collective bargaining agreements shall apply. Volunteers shall comply with all applicable department rules. This agreement can be cancelled at any time following notice by either party. Upon termination of this agreement, all uniforms, ID cards, and other state-supplied property shall be returned. By signing this application, I hereby agree to the terms and conditions cited herein.

**SIGNATURES**\_\_\_\_\_  
Volunteer's Signature Date\_\_\_\_\_  
Department Head Signature Date\_\_\_\_\_  
President/Vice-President's Signature Date**HR Use Only****Approved:**  Yes  No HR Administrator's Signature: \_\_\_\_\_