

# **VOLUNTEER ACKNOWLEDGMENT FORM**

## ***VOLUNTEER INFORMATION***

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: \_\_\_ M \_\_\_ F Date of Birth: \_\_\_\_\_ UIN# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ethnicity: (select only one): \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

Race: (select one or more):

\_\_\_ American Indian/Alaskan \_\_\_ American Indian/Alaskan Native \_\_\_ Asian

\_\_\_ Black/African American \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ White

***When applicable to volunteer activities performed, please provide the following information:***

Driver's License; State of Issue and Number \_\_\_\_\_

Personal Auto Insurance;

Company & Policy # \_\_\_\_\_

## ***DEPARTMENTAL AUTHORIZATION***

\_\_\_\_\_ has volunteered to assist the \_\_\_\_\_  
(PRINT NAME) (DEPARTMENT)

with the following activities: \_\_\_\_\_

\_\_\_\_\_ ("Activities")

It is expected that Activities will be provided (dates) \_\_\_\_\_ to \_\_\_\_\_

for approximately \_\_\_\_\_ number of hours  daily  weekly  monthly.

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Dept Name: \_\_\_\_\_ Dept. Org Code #: \_\_\_\_\_

\_\_\_\_\_  
Departmental Representative Signature

\_\_\_\_\_  
Date

**PLEASE READ THIS INFORMATION AND CERTIFY BELOW**

Florida Gulf Coast University (“University”) thanks you for donating your time and expertise by volunteering to assist the University for the Activities, Department, and dates listed on the Volunteer Acknowledgement Form (page 1). Please be advised that Florida law authorizes and encourages the University to accept the services of volunteers, and defines a volunteer as any person who, of his or her own free will, provides services with no monetary or material compensation. While acting within the scope of your university activities, as a volunteer you are covered by state sovereign immunity and liability protection in accordance with Chapter 768, Florida Statutes, and Worker’s Compensation in accordance with Chapter 440, F.S., excluding the replacement of lost wages. In other words, Volunteers are considered to be providing services on behalf of the University and are afforded liability coverage and worker’s compensation coverage in the same manner as University employees. However, Volunteers are not entitled to unemployment compensation and are not subject to any provisions of law related to state employment. In carrying out your assigned duties and responsibilities, you are expected to report any injury you experience or any threatened claim you may become aware of as a result of your volunteer efforts. You do not have the right to make any contracts or commitments on behalf of the University. You are also expected to comply with applicable state and federal statutes, University regulations, policies and procedures, and to act under the direction of University officials and administrators. This acknowledgment form expires on June 30<sup>th</sup> of the current fiscal year and must be renewed annually.

**CERTIFICATION**

I, \_\_\_\_\_, hereby acknowledge that I have read and understand the above information, and that I am acting in the capacity of a volunteer on behalf University for purposes of the above-mentioned Activities and all Volunteer Information is accurate.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

**SUBMIT COMPLETED FORM TO HUMAN RESOURCES**