



# 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?  Yes\*  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 responsibilities 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: \_\_\_\_\_