

**FIU VOLUNTEER Application-Applicant Form (A)**

**Applicant Instructions:** Please complete all fields in this application and submit to Supervisor or HR Liaison only.

**Note:** Those who will volunteer in K-12 Schools will require DCF Clearinghouse at a cost. CANNOT have a POI (AD access), handle/manage cash, checks, cash transactions, gift cards, debit/credit cards and/or cash equivalent, or drive on behalf of the university.

**1. Personal Information** (Please write legibly)

First and Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

**Note:** FIU does not allow anyone under the age of 14 years to serve as volunteer. There are restrictions on services that can be performed by minors between the ages of 14 and 18 years.

Panther ID# (If applicable): \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Do you have a relationship to a current FIU employee?  Yes  No. If yes, provide name(s), Panther ID#, relationship and department: \_\_\_\_\_

**Assignment classified as:**

Volunteer services  Community service  Other: \_\_\_\_\_

Department Contact Person's Name: \_\_\_\_\_

**2. Education** (current)

High School (Grade Level: \_\_\_\_\_)  College (Undergraduate)  Graduate School  College Graduate (Year: \_\_\_\_\_)

**3. Emergency Contact**

First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_

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

**By signing this volunteer application, I give permission to contact the person listed in the event of an emergency.**

**ACKNOWLEDGEMENTS**

I am freely and voluntarily offering my services to Florida International University for (check one):

Voluntary work - regular-service  Voluntary work - occasional-service

I will not receive any monetary or material compensation for performing this service. The University has the right to terminate my volunteer services at any time. In performing said service, I am an independent, unpaid volunteer not subject to any provisions of law relating to state employment, to any collective bargaining agreement between the State and any employees' association or union, nor to any laws relating to hours of work, rates of compensation, leave time, and employee benefits; and in the event of my termination, I am not entitled to receive unemployment compensation. I understand that while I am performing the volunteer services and acting within the scope of my specific assigned duties, I will be covered by the State of Florida workers' compensation policy and the State liability protection, as appropriate. As a volunteer, I agree to comply with all Florida International University policies, and the requirements of its governing board, and all applicable state and federal statutes, rules and regulations, and to fulfill my volunteer responsibilities to the best of my ability. I confirm, that the information provided herein and on any attachments is true, accurate, complete, and made in good faith, and I agree to abide by FIU's rules and regulations while in its employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*If you wish to volunteer and are between the ages 14 and 18 years, your parent or legal guardian must sign below on your behalf and complete the Additional Acknowledgement/Consent for minors.*

**Additional Acknowledgement / Consent for Minors**

*On behalf of my child, I confirm that the statements made above are true and correct as they relate to my child and that my child will adhere to the policies and procedures of FIU. If applicable, I have reviewed the **EH&S** Assessment Form for my child and that I have read and understood the Potential Hazard Information Sheet describing the potential risks and dangers associated with my child's research project. I state that I understand there are limitation in place in my child's ability to perform volunteer services which will be described to me if the volunteer application is approved. I agree and understand that my child's research project may be suspended at any time, at the discretion of the University and its officers, agents, and employees, if the safety of my child, the employees and other volunteers of the University become a concern.*

Print Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_