

Single-Day-Event Volunteer Service Form

Section 1—VOLUNTEER INFORMATION

Name: _____ Phone #: _____

Date of Birth: _____ Email: _____
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

Description of Volunteer Service: _____

As a volunteer, I agree to abide by all applicable rules, regulations, and policies of the University of Florida and guidelines of this unit. I agree to fulfill my volunteer services 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 my volunteer service must be annually renewed, and the university may release me from volunteer service at any time without prior notice.

Volunteer's Signature: _____ **Date:** _____

For Volunteers under the age of 18: As the parent/guardian of the above-identified volunteer, I grant my permission for the above-identified volunteer to participate as an unpaid volunteer for the University of Florida. I further acknowledge that I have completed the Authorization for Treatment form (pages 2-3) on his/her behalf.

Parent/guardian: _____
Print name Signature Date

Section 2—VOLUNTEER COORDINATOR INFORMATION (to be completed by the Volunteer Coordinator)

Department ID: _____ Department Name: _____ Program Name: _____

Volunteer Coordinator: _____
Name and Title

Phone: _____ Email: _____

Volunteer Coordinator Signature: _____ **Date:** _____