

Volunteer Application



Developmental Research School
at the University of Florida

Name: _____ Email: _____

Date of Birth: _____ Phone #: _____

Attach proof of age if volunteer is under the age of 18

Home Address: _____

Street City State Zip

Mailing Address _____

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 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: _____

This form should be maintained by the department in which the volunteer will work.

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UNIVERSITY VOLUNTEERS ONLY:

If you are volunteering to fulfill a class requirement, please attach a letter from your instructor.

Instructor: _____

Course #: _____

Please list previous experience working with children:

Place	Dates	Phone	Type of Work	Reason for Leaving

Select preferred grade level(s):

Elementary: K-2 3-5
Secondary: 6-8 9-12

Select clerical volunteering preference:

Clerical: Office Classroom

Select preferred subject area(s):

English Foreign Language
 Social Studies Fine Arts
 Math Physical Education
 Science Other

Please list times available: