

Record of Volunteer Service

Section 1—VOLUNTEER INFORMATION

UNIVERSITY VOLUNTEERS COMPLETE BOTH SIDES

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 (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 #
_____	_____	_____
_____	_____	_____

Supervisor's Signature: _____ **Date:** _____

P.K. Yonge Developmental Research School
 1080 SW 11th Street
 Gainesville, FL 32601
 (352) 392-1554

UNIVERSITY VOLUNTEERS ONLY:

List previous experience working with children

Place	Inclusive Dates	Phone #	Type of Work	Reason for Leaving

Indicate grade level /Subject Area you prefer:

Elementary: K-2 3-5

Clerical: Office Classroom

Secondary: 6-8 9-12

Choose subject area:

- English
- Social Studies
- Math
- Science

- Foreign Language
- Fine Arts
- Physical Education
- Other

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

Instructor:

Course #:

Please indicate times available:

University volunteers please complete both sides of this application. Return to Community and Family Liaison.