

UNF VOLUNTEER ACKNOWLEDGMENT

Volunteer: _____
Last First MI

Address: _____ Apt. _____

City & State: _____ Zip _____

Telephone: Home: _____ Cell: _____ D.O.B: _____

I intend to volunteer at the University of North Florida ("University") as follows:

Date Volunteer Work begins: _____ Date Volunteer Work ends: _____

Location of Volunteer Work: _____
(Department, Area or Event)

Description of Volunteer Work:

University Supervisor: _____
(Name) (University Department)

ACKNOWLEDGMENT

1. I acknowledge and agree that as a volunteer at the University, I will act in a mature and responsible manner at all times during my volunteer efforts.

2. I acknowledge and agree that I have freely and voluntarily offered my services to the University on an occasional-service (including a "single" service) or regular-service basis and that I am not entitled to and will not receive any monetary or material compensation for performing the above-referenced or other volunteer services. I further acknowledge and agree that the University has the right to terminate my volunteer services at any time.

3. I acknowledge and agree that in performing the above-referenced or other volunteer services on behalf of the University, I am an independent, unpaid volunteer not subject to any collective bargaining agreement between the University and any of its employee associations or unions, or to any laws relating to hours of work, rates of compensation, leave time, employee benefits; and in the event of my termination, I am not entitled to receive unemployment compensation.

4. I acknowledge and agree that if I am a current University employee who is paid on an hourly basis that I cannot volunteer to perform services that are the same type of services which I normally perform for the University.

5. I acknowledge that in exchange for the University allowing me to participate in the above-referenced or other volunteer services, I give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property.

6. I acknowledge that pursuant to Florida law that while performing volunteer services in the course and scope of my designated University volunteer efforts, I am considered to be providing services of behalf of the University and am afforded liability coverage and workers' compensation coverage in the same manner as University employees. Accordingly, I acknowledge and agree that if I am injured in the course of my volunteer efforts, I will immediately report any injury to my University Supervisor and will follow the University's procedures for addressing such injuries. Further, I acknowledge and agree that if I become aware that any claim is threatened or made against me by another party related to my volunteer efforts, I will immediately advise my University Supervisor of my understanding of the allegations or claim against me.

7. I acknowledge and agree that as a volunteer at the University, I will comply with the University's regulations, policies, requirements and all applicable state and federal statutes while performing my University volunteer efforts to the best of my ability.

I have read, understand, and acknowledge paragraphs 1 through 6 above and, by signing below, intend to comply with the terms of this Acknowledgment.

Volunteer Signature

Date

University Supervisor

Date