



Florida State University Coastal & Marine Laboratory
Record of Volunteer Service



Section 1 – Volunteer Information

Is this service required for course work at FSU?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	High School	<input type="checkbox"/>	College	<input type="checkbox"/>	FSU?	<input type="checkbox"/>
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If yes, then you are considered a student and not a volunteer and do not complete this form. If no, then please fill out the form.

Name	<input type="text"/>	Email Address	<input type="text"/>
Date of Birth (proof of age if younger than 18)	<input type="text"/>	Phone	<input type="text"/>
Home Address	<input type="text"/>	City, State, Zip	<input type="text"/>
Mailing Address (if different)	<input type="text"/>	City, State, Zip	<input type="text"/>

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?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, provide date	<input type="text"/>
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Offense and disposition (please explain fully):

As a volunteer, I agree to abide by all applicable rules and regulations of the Florida State University and guidelines of this unit, to fulfill the volunteer responsibilities as described below 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. I have received the workers compensation employee handbook, read the volunteer policy, and completed the FSUCML Waiver.

Volunteer Signature	<input type="text"/>	Date	<input type="text"/>
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As the parent/guardian of the above named person, I grant my permission form him/her to participate as an unpaid volunteer for the FSUCML Coastal & Marine Laboratory. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf.

Emergency contact (Parent/Guardian)	<input type="text"/>	Signature	<input type="text"/>
Phone	<input type="text"/>	Date	<input type="text"/>

Section 2 – To Be Completed by Supervisor

Supervisor for volunteer (Name & Title)	<input type="text"/>	Phone	<input type="text"/>
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Describe the work the volunteer is expected to perform:

Volunteer’s qualification to perform this work:

Physical requirements of the work performed (e.g., lifting climbing, diving (be specific):

Date volunteer work starts	<input type="text"/>	Estimated Date volunteer work ends	<input type="text"/>
Supervisor’s Signature	<input type="text"/>	Date	<input type="text"/>

Return this completed form to the Volunteer Coordinator at fsucml@fsu.edu or mail to the Volunteer Coordinator at FSUCML Administration Office | 3618 Coastal Highway 98 | St. Teresa, FL 32358