

UNIVERSITY OF SOUTH FLORIDA
APPLICATION FOR VOLUNTEER SERVICES

This is to request consideration as a volunteer worker for the University of South Florida. I understand that the University reserves the right to make reference checks as deemed appropriate for any new prospective volunteer.

Name: _____ Social Security No.: - _____ - _____

Local Address: _____

Home Phone: _____ Business Phone: _____

In case of emergency contact: _____ Phone: _____

EDUCATION

Grade Level Completed _____ Major Area of Training/Experience _____

Additional Work Experience _____

Special Qualifications _____

How much time can you volunteer? _____ Preferred Hours _____

I would like to be considered an assignment in the following areas:

College/Division/Department

Volunteer Assignment

1. _____

“Scientific Scuba Diving”

2. _____

3. _____

CERTIFICATION STATEMENTS

I understand that the University of South Florida has no obligation to assign an individual to perform voluntary services solely on the basis of this application.

I have read and fully understand the contents of Florida Statutes 110.501-.504 for volunteers of State agencies, as specified in the attachment, and the policy and procedure of the University pertaining to Volunteer Services.

Signature: _____

Date : _____

cc: Environmental Health & Safety