

Record for Non-Employee UF Affiliate Service

SECTION 1—INFORMATION

Name: _____ SS# _____

UF ID: _____ Gatorlink: _____

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

Email Address: _____

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, list the date(s) of offense(s): _____

Offense(s) and disposition(s) (please explain fully): _____

As a Nonemployee UF Affiliate, 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 service I provide and that the University may terminate this agreement at any time without prior notice.

Nonemployee UF Affiliate 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/Department ID where nonemployee will work: _____

Supervisor responsible for nonemployee's work: _____
 Name and title

Supervisor's phone #: _____

Beginning date of nonemployee: _____ Ending date of nonemployee: _____

Please describe the work the nonemployee is expected to perform: _____

Nonemployee's qualifications to perform this work: _____

Supervisor's Signature: _____ Date: _____

Chair/Director's Signature: _____ Date: _____

Associate Dean's Supervisor's Signature: _____ Date: _____

Security Roles Requested (if applicable): _____

Department Number: _____

Person requesting _____

Print name

Signature

Date

Reason for request: _____

FOR HR/FISCAL SERVICES USE ONLY

UF ID _____ **Gatorlink** _____ **Grover#** _____

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

HRS-RVS1 06/17