



TO: Human Resources
Northwest Florida State College

SUBJECT: Volunteer Services – OR –
On-Loan Faculty Services

I wish to contribute the voluntary services indicated below as an expression of my desire to assist Northwest Florida State College in the manner indicated. I understand that there is to be no compensation or tangible benefit to me for the rendering of the services indicated. If I am injured while performing the service for which I have volunteered, I will be entitled to apply for worker's compensation benefits; therefore I agree to hold the College harmless from any liabilities. NWFSC fingerprints all employees for the purpose of providing a safe and secure student and employee environment. Adult volunteers may be fingerprinted due to the nature of the volunteer services. Human Resources will notify you if fingerprinting is required for your position.

Voluntary service dates: _____ through _____

Description of services:

Volunteer:

Print Name

Date

Signature

Principal Administrator

Date

Human Resources Director

Date

Volunteer – Please also read and sign Antidrug Policy Statement on back of this form.

cc: Payroll



**NORTHWEST FLORIDA
STATE COLLEGE**

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ANTIDRUG POLICY STATEMENT

PURSUANT TO THE DRUG-FREE WORKPLACE ACT OF 1988,
P.L. NO. 100-690 (1988)

NOTICE TO ALL EMPLOYEES AND VOLUNTEER WORKERS

Northwest Florida State College is firmly committed to maintaining a drug-free workplace. Employees and consultants are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the workplace while officially representing the College. Violation of this policy will subject the employee or consultant to appropriate disciplinary action up to and including termination of employment. Violators may also be required to participate in an approved drug abuse assistance or rehabilitation program.

Employees must notify the College immediately (and in no event more than 5 days) after their conviction (or plea of guilty or No Contest) on a charge under any criminal statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance in the workplace and/or while officially representing the College.

Compliance with this policy statement is a condition of employment with Northwest Florida State College as an organization receiving federal grants and contracts.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my official Personnel File.

Name: Last, First, Middle

Signature

Date