



## Volunteer Services Form

The following sections should be read, completed, and signed by the Volunteer. Please note that if you indicate that you are under the age of 18 at the time of the volunteering event, you must get a parent or guardian's signature.

Volunteer's Name (first and last): \_\_\_\_\_

Volunteer's Email: \_\_\_\_\_

Volunteer Phone Number: \_\_\_\_\_

During the period you are volunteering, will you be over the age of 18?      Yes      No

Voluntary Service Start Date: \_\_\_\_\_      Voluntary Service End Date: \_\_\_\_\_

### ***Description of Volunteer Services***

I wish to contribute my voluntary services indicated below as an expression of my desire to assist Northwest Florida State College in the manner indicated. I understand that I will not be compensated and there will be no tangible benefit to me for rendering voluntary services.

By completing this form, you are consenting to a background screening through fingerprinting. NWFSC fingerprints all volunteers 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.

### ***Assumption of Risk and Release***

I am aware that volunteering as described above has inherent risks, including severe bodily injury and death, and I agree to assume those risks by volunteering. I understand the risks of volunteering may result in injury, including serious impairment of my ability to earn a living, engage in business or social and recreational activities, and generally to enjoy life. I am aware and agree that the College cannot eliminate or control all risks, dangers, and hazards associated with volunteering nor is the College responsible for my own actions or omissions or the actions or omissions of others.

If I am injured while performing those services, I may be entitled to coverage for medical expenses through the College's Workers' Compensation policy. I understand the risks of volunteering, however, and agree to bear all risks associated with my volunteering and to hold the College, its trustees, employees, agents, volunteers, and other representatives (collectively, the "Released Parties") harmless and release the same from any liability related to injury to my person or property, present or future, that is related to my volunteering. I understand and agree that the Released Parties are not responsible for any injury, loss, or damage sustained by me while on College property for the purpose of volunteering whether sustained now or in the future, including to the extent permitted by law any injury, loss, or damage that may be caused by the negligence of the Released Parties. I release and waive all claims of any kind which I may have now or in the future for any injury, loss, or damage, related to or because I am volunteering.

I agree that volunteering is voluntary and have read and understood the content of form. I agree that form is intended to be as broad and inclusive as permitted by the laws of the State of Florida and, if any portion of this form is held invalid or unenforceable, the balance will continue in full force and effect. I grant this release and waiver, without limitation, in favor of the Released Parties. I agree this form binds myself and my heirs, assigns, executors, administrators, and representatives in the event of my death or incapacity. I knowingly, voluntarily, and freely assume all risk of loss, damage, or injury that may be sustained while volunteering.

### ***Permission to Take Photo & Video***

By volunteering, I agree that I authorize Northwest Florida State College and its employees, volunteers, and agents to do the following for the purposes of documenting and publishing information about the activity that you are volunteering for:

1. Record my image, likeness, and voice through video, audio, or photo recording, or any other medium, and to use my name in connection with these recordings; and
2. Keep, use, reproduce, exhibit, or distribute these recordings in whole or in part now and in the future in any and all media formats available to the College (including, but not limited to, print publications, video reproduction and publication, internet storage and publication, social media, and any other electronic or other medium existing now or in the future) for any purpose that the College, and those acting on its behalf and under its authority, decide is appropriate, including display, illustration, promotional, recruiting, advertising, electronic transmission, and any commercial or non-commercial use.

I release the Northwest Florida State College and its trustees, employees, agents, volunteers, and other representatives from and against all claims of any kind that I may have now or in the future from liability regarding any personal, property, or other proprietary right I may have in connection with use of my image, likeness, voice, or name in any medium. I have read, understood, and agree to the terms of this release. I understand and agree that I am relinquishing legal rights and opportunity to sue covered by this release. I understand and agree that all recordings are and will remain the property of the College.

### ***Drug-Free Workplace Policy Statement***

By signing this form, you agree to the drug-free workplace policy statement below.

#### **Authority:**

The Drug-Free Workplace Act of 1988, P.L. No. 100-690, 41 U.S.C. 701 et seq.) (1988) Florida Drug-Free Workplace Act, 112.0455, Florida Statutes Board Policy HR 4.00

#### **Notice to All Employees, Agents, and Volunteers**

Northwest Florida State College is firmly committed to maintaining a drug-free workplace. Employees, agents and volunteers 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. For further information, read Board Policy HR 4.00. Violation of the Drug-Free Workplace Policy will subject the individual 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 is a condition of volunteering with Northwest Florida State College. I certify that I have read and understand the above statement.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

*Parent or Guardian must sign if the volunteer is/will be under 18 years of age.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Will the volunteer have student contact?

Yes

No

\_\_\_\_\_  
Employee Supervising Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Executive Director Signature

\_\_\_\_\_  
Date