

## Volunteer Registration Form Category One Volunteers Only

### Section 1: VOLUNTEER INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone: \_\_\_\_\_

Are you 18 or older? ☐ Yes ☐ No

(If volunteer is under the age of 18, a parent or guardian signature is required)

Have you ever been convicted of, or pled guilty or no contest to, a felony or misdemeanor? ☐ Yes ☐ No

If yes, please list the date: \_\_\_\_\_

Offense and disposition (Please explain fully): \_\_\_\_\_

Are you currently volunteering or have you volunteered in the last 12 months in another department or with another organization associated with Florida Atlantic University? ☐ Yes ☐ No

If yes, which department or organization? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**Category One Volunteer:** A Volunteer who has a significant or recurring presence on campus and/or has significant or recurring interaction with students. Examples of Category One Volunteers include, but are not limited to, athletic team volunteers, coaches, and student organization/club advisors. Category One Volunteers must complete this form and the Volunteer Waiver and Release form and submit to a Background Check prior to serving as a Volunteer.

**Category Two Volunteer:** A Volunteer who has a limited presence on campus and/or limited interaction with students. Examples of Category Two Volunteers include, but are not limited to, Owl Parents Association volunteers, student move-in day volunteers and fundraising volunteers. Category Two Volunteers do not need to complete this form but must complete the Volunteer Waiver and Release form.

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Current employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

*As a volunteer, I agree to abide by all applicable policies, procedures, rules and regulations of Florida Atlantic University and guidelines of this college/department and to fulfill the volunteer responsibilities to the best of my ability. I understand that FAU requires a criminal background check for all Category One Volunteers. I also understand that certain volunteer assignments require a level two background check, and if that is applicable, I will be required to provide my social security number and date of birth to the Human Resources Department. I further agree to disclose, after the submission of this registration form, any subsequent guilty pleas, convictions of a felony or misdemeanor, pleas of "Nolo Contendere", No Contest, or similar disposition of a crime which is a felony or a misdemeanor, and probation, enrollment in a pre-trial diversion program, deferrals of prosecution or the adjudication of guilt withheld for a crime which is a felony or a misdemeanor. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the university may terminate my volunteer service at any time without prior notice.*

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent/Guardian Signature (if volunteer is under 18):**

*As the parent/guardian of \_\_\_\_\_, I grant my permission for him/her to participate as an unpaid volunteer for Florida Atlantic University. I further acknowledge that I have completed the Authorization for Treatment of Minors form on his/her behalf.*

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **EMERGENCY CONTACTS**

1. Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **REFERENCE CONTACTS**

1. Personal Reference: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Professional or work-related: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I certify that all information provided by me in this Volunteer Registration form is true and complete. I authorize Florida Atlantic University to conduct any investigation with respect to my application and release the University, my former employers, and references from any liability from damage caused by giving or receiving information about me.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## **Section 2: TO BE COMPLETED BY THE SUPERVISOR**

Department where volunteer will work: \_\_\_\_\_

Supervisor responsible for volunteer's work: \_\_\_\_\_

Print Name and Title

Supervisor's Phone #: \_\_\_\_\_

Please describe the work the Volunteer is expected to perform: \_\_\_\_\_

Volunteer's qualifications to perform this work: \_\_\_\_\_

Volunteer work will begin on \_\_\_\_\_ and end \_\_\_\_\_

A background check request has been submitted and approved for Category One Volunteers

☐ Yes

☐ No

Email background check requests to [empl@fau.edu](mailto:empl@fau.edu). Include Volunteer's name, phone number, nature of appointment (Volunteer appointment), email address, and department index number.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Original: Retain in Department

Copy: Weppner Center for Civic Engagement & Service



## FLORIDA ATLANTIC UNIVERSITY VOLUNTEER WAIVER AND RELEASE

Participant: \_\_\_\_\_  
First name Middle Initial Last

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

I intend to volunteer at \_\_\_\_\_  
("Organization") on days and at times as follows: \_\_\_\_\_ or as otherwise agreed upon  
by me and the Organization. The volunteer services shall generally consist of the following types of  
activities: \_\_\_\_\_ ("Services").

1. I acknowledge and agree that I am required to act and perform any Services in a mature, responsible and professional manner at all times during the Services and further acknowledge and agree that I will be held responsible for my own behavior.
2. I acknowledge and agree that I must observe all federal, state and local laws and all rules, regulations and policies of Florida Atlantic University ("University") and the Organization.
3. In exchange for the University arranging for me to participate in the Services, I give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose that the University and its employees deem appropriate. All such recordings shall be the University's property.
4. In exchange for the University arranging for me to participate in the Services, I, on behalf of myself, my spouse, family, heirs, beneficiaries and personal representatives, agree to assume all the risks and responsibilities of participating in the Services. I release and forever discharge and covenant not to sue the Florida Atlantic University Board of Trustees, the Florida Board of Governors, and the State of Florida, and their respective officers, agents, employees and representatives ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by me, whether caused by my action or negligence or the action or negligence of Releasees or third parties in connection with the Services. I also agree not to sue Releasees in connection with any such harm, loss, damage or injury. I agree to defend, indemnify and hold Releasees harmless from and against all Claims asserted against any of the Releases by any entity or individual based upon my participation in the Services. Notwithstanding the foregoing, nothing herein shall limit or affect my rights (if any) to workers compensation benefits as a volunteer pursuant to Florida law.
5. I fully understand that there are potential risks and hazards associated with the Services, including, but not limited to, possible injury or loss of life. I further understand that while participating in the Services, I may be interacting with persons, places or objects that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Services, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Services and that could result in loss, illness, personal injury, death or property damage, whether caused by the negligence of Releasees or otherwise.

6. I understand that during the Services, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University or to individuals who do not have a legitimate need to access such information. I agree to keep all University records and files confidential. I also agree to keep confidential any health or student information that I observe or access and will not disclose, discuss or reveal any such information to anyone, except where required within the scope of my volunteer Service.
7. I acknowledge and agree that should any provision or aspect of this Waiver and Release form be found to be unenforceable, all remaining provisions of this form will remain in full force and effect. Further, I acknowledge and agree that this form shall be construed pursuant to the laws of the state of Florida.
8. I acknowledge and agree that my participation in the Services may cease at any time at my request or at the request and discretion of the University or the Organization.
9. I acknowledge and agree that volunteers are not considered employees or agents of the University or the Organization and that I am not entitled to compensation for my Services. I may be entitled to workers compensation and state liability protection under the same conditions as state employees in accordance with Chapter 440 and 768.28 of the Florida Statutes.

**I HAVE READ THIS WAIVER AND RELEASE FORM, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT AND VOLUNTARILY AGREE TO BE BOUND BY IT.**

\_\_\_\_\_  
Volunteer's Signature  
(I certify that I am 18 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(If Volunteer is under 18 years of age)

\_\_\_\_\_  
Date

**Emergency Contact Information**

1. Contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Revised May 31, 2013