

Section 1—VOLUNTEER INFORMATION

Name: _____

Date of Birth: _____ Phone #: _____
*Attach proof of age if volunteer is under the age of 18*Home Address: _____
Street City State ZipMailing Address (if different than above): _____
Street City State ZipHave 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, please list the date: _____

Offense and disposition (please explain fully): _____

As a volunteer, 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 volunteer service I provide and that the university may terminate this agreement at any time without prior notice.

Volunteer's 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 where volunteer will work: _____

Supervisor responsible for volunteer's work: _____
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 _____ and end _____

Volunteer's references: _____

Name Relationship to volunteer Phone #

Name Relationship to volunteer Phone #

Supervisor's Signature: _____ **Date:** _____

**EMERGENCY CONTACT
and
CAMPUS DIRECTORY INFORMATION**

Please complete this form so that we have a record of whom to contact should an emergency situation arise. Also, take this opportunity to tell us whether you wish to be included in the University of Florida Campus Directory. Submit completed form to **Recruitment and Staffing, P.O. BOX 115002, Gainesville, FL 32611-5002. If you have questions regarding this process, please call 392-2477, SC 622-42477, TDD 1-800-955-8771.** If your home address should change, you will need to update your W-4 card.

EMPLOYEE INFORMATION

Name: _____ UFID #: _____

Home address: _____

Home telephone: _____

University location: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Address: _____

Work/daytime phone: () _____ ext: _____ Home/evening phone: () _____

In the event the above person cannot be reached, please contact:

Name: _____ Relationship: _____

Home Address: _____

Work/daytime phone: () _____ ext: _____ Home/evening phone: () _____

COMMENTS

Are there any important medical conditions, allergies, or other special instructions you would like us to know about in the event of an emergency? (If yes, use space below)

CAMPUS DIRECTORY

Do you wish to have your home address and telephone number printed in the University of Florida Campus Directory (this includes the online telephone directory)? Yes No

Employee Signature

Date

Work phone number

Supervisor Checklist for Health Assessments

UF Job Duties that Require a Health Assessment

Check all job duties that apply to position title _____/position number _____.
The job duty links provide descriptions, required forms and locations for more information.

1. For established positions, record the items checked below in myUFL's Organizational Development.
2. For non-established positions (Ex. OPS, volunteers), record the items checked below on the [INOP form](https://connect.ufl.edu/ehs/occmcd/pages/inop.aspx) (https://connect.ufl.edu/ehs/occmcd/pages/inop.aspx).

 - The Student Health Care Center will need the job duties from either #1 or #2 above before the health assessment is completed.

- ___ [Animal Contact](#)* direct exposure to vertebrate animals, animal tissues, body fluids or wastes
- ___ [Asbestos Abatement](#)* individuals involved in an abatement effort
- ___ [Climbing](#) focus is on not only leg motion but also hand-over-hand motion such as with climbing ladders but not stairs
- ___ [Commercial Driver License](#)* for those required to have a commercial driver license as part of their UF employment)
- ___ [Contact with Human Blood](#)* or Other Potentially Infectious Material (OPIM) includes human body fluids other than feces, urine, tears and sweat
- ___ [Frequent reaching above shoulder](#) includes painting, shelving books, running overhead cable, etc
- ___ [Heavy Lifting](#) 45 pounds and over
- ___ [Human Pathogen Research \(BSL2+/3\)](#)* for those working with or in proximity to certain biological agents
- ___ [Kneeling](#) more than 2 hours per day
- ___ [Law Enforcement](#) duties with the University Police Department
- ___ [Noise](#)* (Work in Area of Excessive Noise) noise level defined by OSHA
- ___ [Operation of Special Purpose Vehicle](#) includes industrial or farm equipment
- ___ [Patient Contact](#) having physical or face-to-face contact with a patient, or having contact with potentially contaminated items including (but not limited to) blood and/or body fluids
- ___ [Pesticide Use](#)* individuals who use pesticides as defined in the *Medical Monitoring Program for Pesticide Users*
- ___ [Repeated Bending](#) more than 2 hours per day
- ___ [Repetitive Pulling and Pushing](#)
- ___ [Respirator Use](#)* for individuals required to wear a respirator on a routine or emergency basis
- ___ [Scientific Research Diving](#)* for individuals who participate in UF affiliated research diving
- ___ [None of the above job duties apply](#)

Supervisor name (print or type)	Supervisor signature	Date