



VOLUNTEER ACKNOWLEDGMENT

Florida Gulf Coast University (“University”) thanks you for donating your time and expertise by volunteering to assist the University on _____, 200_____, with the following activities: _____ (“Activities”). Please be advised that Sections 110.501-110.504, Florida Statutes authorize and encourage the University to accept the services of volunteers, and defines a volunteer as any person who, of his or her own free will, provides services with no monetary or material compensation. While acting within the scope of their University Activities, Volunteers are covered by state sovereign immunity and liability protection in accordance with Chapter 768, Florida Statutes, and Workers’ Compensation in accordance with Chapter 440, F.S., excluding the replacement of lost wages. Volunteers are not entitled to unemployment compensation and are not subject to any provisions of law related to state employment. In carrying out their assigned duties and responsibilities, Volunteers are expected to comply with applicable University policies and procedures and to act under the direction of University officials and administrators.

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CERTIFICATION

I, _____, who resides at _____, hereby acknowledge that I have read and understand the above information, and that I am acting in the capacity of a volunteer on behalf of the University for purposes of the above-mentioned Activities.



FLORIDA
GULF COAST
UNIVERSITY

Signature of Volunteer

Signature of University Representative

Name of Volunteer (Print)

Title

Volunteer's FL Driver's License #

Date

Volunteer's Personal Auto Insurance