

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Email: _____ Employee ID #: _____

In case of emergency contact: _____ Phone: _____

Education

Grade Level Completed _____ Major Area of Training/Experience _____

Work Experience: _____

Special Qualifications/Certifications: _____

How much time can you volunteer? _____ Preferred Hours/Days: _____

I would like to be considered for an assignment in the following areas:

College/Department

College: _____ Department: _____

Assignment: _____

College: _____ Department: _____

Assignment: _____

College: _____ Department: _____

Assignment: _____

Certification Statements

I understand that the University of South Florida has no obligation to assign an individual to perform voluntary service solely on the basis of this application. I have read and fully understand the contents of Florida Statutes 110.501-110.504 for volunteers of State agencies, as specified in the attachment, and the policy and procedure of the university pertaining to Volunteer Service.

Signature

Date