



**Florida Department of Environmental Protection
Florida Park Service
Group Volunteer Application & Agreement**



Volunteer Organization Title	Organization Contact
Organization Address	Organization Telephone
Leader Name (Last, First, Middle initial)	Leader Telephone (Best)
Leader Address (Residence)	Leader County of Residence
Leader E-mail	Anticipated Number in the Group
Project Date	Park Name
Group Project Description:	
<p>I, _____ (<i>print name</i>), as leader of this group, agree that the group members will abide by all applicable Florida Park Service (FPS) rules, policies, and standards governing volunteers. I acknowledge it is my responsibility to become familiar with the contents of the FPS Volunteer Handbook. A copy may be provided by the park or can be found online: http://floridastateparks.org/getinvolved/volunteer.cfm. The individuals named on the Group Participant List (<i>attached</i>) will provide services as described above. I have secured permission from the parents of all of the volunteers in the group under the age of 18. I have emergency contact information for each participant.</p> <p>I understand that volunteers are not considered to be employees of the State of Florida. Volunteers are covered by state liability protection (Section 768.28, F.S.) and workers compensation (Chapter 440, F.S.). No other benefits of collective bargaining agreements apply. I understand my volunteer services can be terminated by the FPS, or I can terminate my volunteer status, at any time, with or without cause, and I do not have the right to grieve or appeal.</p> <p>I understand that volunteers on duty for the Department may have photographs or videos taken and the materials may be used to promote the Department. No further releases are required.</p> <p>I understand that I, as group leader, may be asked to provide date of birth, driver's license number or other proof of identification, and/or social security number at a later date. I certify that all of the information contained in this application is true and correct. I authorize the Florida State Parks to verify the information provided.</p>	
_____ Group Volunteer Leader Signature	_____ Supervisor Signature/Park
_____ Date	_____ Date

**Florida Department of Environmental Protection
 Florida Park Service
 Group Volunteer Participant List
 (Attach to Group Application & Agreement)**



Org. Title:

Project Date:

Participant Name	Address	E-mail
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Participant Name	Address	E-mail
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Participant Name	Address	E-mail
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