

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
FLORIDA GEOLOGICAL SURVEY
INDIVIDUAL VOLUNTEER AGREEMENT**

1. Name: (Last, First, Middle)

2. Age:

3. Telephone:

()

4. Street Address (Include Apartment No.):

5. City, State and Zip code:

6. Social Security Number:

7. Date of Birth:

8. Location:

The Florida Department of Environmental Protection, Florida Geological Survey and the above named Volunteer enter into this Volunteer Agreement on this _____ day of _____, 20__.

The Volunteer agrees to provide the following Volunteer Services:

The Florida Geological Survey agrees to provide the following support and equipment:

SPECIAL PROVISIONS:

The Volunteer understands that the above-described services will be uncompensable. Volunteer hours may be used for work experience in applying for positions with the State of Florida.

The Volunteer further understands that volunteers are not considered employees of the State of Florida. Volunteers are covered by state liability protection in accordance with Chapter 768.28, F.S. and by workers compensation in accordance with Chapter 440 F.S. Volunteers shall comply with all applicable department and agency rules. No state employment, unemployment, leave, or hours of work provisions or collective bargaining agreements shall apply to volunteers.

This agreement may be cancelled by either party at any time following notice of the other party.

Signature _____

Date _____

Acceptance for the Florida Geological Survey _____

Date _____

Termination Date _____

**FLORIDA GEOLOGICAL SURVEY
YOUTH VOLUNTEER PERMISSION SLIP**

I, the undersigned, parent or guardian of _____, do hereby grant permission for the above Named minor to participate in a volunteer activity with the Florida Geological Survey.

Signed: _____

Date: _____

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

GENERAL RELEASE

KNOW ALL PERSONS BY THESE PRESENTS that _____
("Releasor") does hereby release and forever remise, release, acquit and discharge the
DEPARTMENT OF ENVIRONMENTAL PROTECTION, the BOARD OF TRUSTEES OF THE
INTERNAL IMPROVEMENT TRUST FUND and the STATE OF FLORIDA, and their
employees, agents and attorneys, from all manner of actions, causes of action, suites,
debts, dues, sums of money, covenants, contracts, judgements, executions, claims,
costs, attorney's fees, demands, damages and liabilities, whatsoever, in law, equity or
otherwise, that Releasor or Releasor's heirs, executors, administrators, personal
representatives, agents, successors, or assigns have or may have against the
DEPARTMENT, the BOARD OF TRUSTEES or the STATE OF FLORIDA and their
employees, agents and attorneys, arising out of, ensuring from or relating to any injury,
death or damage to person or property resulting from or caused by being an operator
of, or passenger in, any motor vehicle or watercraft of the DEPARTMENT, the BOARD
OF TRUSTEES or the STATE OF FLORIDA.

Signature of Releasor

Date

Printed Name

Verbal authority received from _____ on _____ to
transport Releasor on the following date(s) _____.