

VOLUNTEER COMMITMENT AND PLACEMENT FORM

- I affirm by my signature that I have been provided a copy of the Anti-Harassment Policy information and that I have read and understand it.
- I have been instructed on how to report volunteer injuries. I understand that if I am injured while volunteering for Pinellas County Government, I may be covered by Workers' Compensation.
- I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs and/or videotape recordings taken of me, for any purpose whatsoever, without compensation to me. All photographic images shall constitute Pinellas County's property, solely and completely.
- I have read, understand, and agree to abide by Pinellas County's Drug Free Workplace Policy information and the Volunteer Service Program's Policy and Procedures.
- I will perform my duties to the best of my ability; observe the Volunteer Position Description guidelines, and the directions of my supervisors.

VOLUNTEER PRINTED NAME

VOLUNTEER ID NUMBER

VOLUNTEER SIGNATURE

DATE

T-Shirt Size: S M L XL 2XL 3XL

This portion to be completed by the Department

Volunteer Site Coordinator: _____ Phone: _____

Dept: _____ Division: _____ Dept Cost Ctr: _____

Vol Position Title: _____ Orientation Date: _____

Placement/Start Date: _____ Vol Supervisor: _____ Phone: _____

Will the volunteer be doing manual labor requiring a physical before performing his/her vol duties?

YES / NO (If YES, please explain duties) _____

Remarks: _____

This form MUST accompany the volunteer's application when sent to Volunteer Services.