

## SHORT-TERM VOLUNTEER PLACEMENT COMMITMENT

(To be used for an individual volunteer working on a short-term project.)

I WILL PERFORM MY DUTIES TO THE BEST OF MY ABILITY, OBSERVE THE JOB DESCRIPTION GUIDELINES AND THE DIRECTIONS OF MY SUPERVISORS, AND FOLLOW ALL SAFETY REQUIREMENTS.

VOLUNTEERS ARE ELIGIBLE FOR WORKERS' COMPENSATION, MEDICAL EXPENSES ONLY. IN CASE OF AN ACCIDENT, PLEASE NOTIFY YOUR DEPARTMENT SUPERVISOR IMMEDIATELY. NO WAGE LOSS WILL BE PAID.

PINELLAS COUNTY IS SELF-INSURED FOR WORKERS' COMPENSATION AND PINELLAS COUNTY RISK MANAGEMENT DEPARTMENT, LOCATED AT 400 S. FORT HARRISON AVENUE, CLEARWATER, FL 33756, TELEPHONE (727) 464-3664, IS THE THIRD PARTY ADMINISTRATOR. YOU MUST RECEIVE MEDICAL CARE FROM AN AUTHORIZED PROVIDER FOR AN INJURY SUSTAINED WHILE PERFORMING YOUR VOLUNTEER DUTIES. THE SUPERVISOR IN THE DEPARTMENT IN WHICH YOU ARE VOLUNTEERING OR THE RISK MANAGEMENT DEPARTMENT CAN DIRECT YOU TO AN AUTHORIZED PROVIDER. PLEASE INFORM THE PROVIDER THAT YOU ARE SEEKING TREATMENT UNDER THE WORKERS' COMPENSATION ACT.

PINELLAS COUNTY IS A DRUG FREE WORKPLACE. PINELLAS COUNTY'S POLICY IS SET FORTH IN THE SUBSTANCE ABUSE PREVENTION POLICY MANUAL. IN THE EVENT THAT YOU ARE INJURED WHILE PERFORMING YOUR VOLUNTEER SERVICES, YOU WILL BE SUBJECT TO A DRUG SCREENING, PURSUANT TO FLA. STAT. 440.102.

FOR OFFICE USE: Volunteer ID Number \_\_\_\_\_

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Location: \_\_\_\_\_

Project Title: \_\_\_\_\_

Attachment: \_\_\_\_\_ (Volunteer Project Guidelines)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Adults only)

Print Name: \_\_\_\_\_  
(Youth when volunteering with a parent/guardian.)

Print Name: \_\_\_\_\_  
(Youth when volunteering with a parent/guardian.)

Hours Worked: \_\_\_\_\_