

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
GROUP VOLUNTEER AGREEMENT**

<b>1. Volunteer Organization Title</b>	<b>2. Contact's Name</b>
<b>3. Street Address (Include Apartment No.)</b>	<b>4. City, State, and Zip Code</b>
<b>5. Telephone (    )</b>	<b>6. Division/Office</b>

**6. Group volunteer project**

**7. Group volunteer project date & time**

**8. Group volunteer project description**

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**9. Volunteer group agrees to provide the following equipment and tools**

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**SPECIAL PROVISIONS**

The Volunteers understand there will be no compensation for the above-described services. Volunteer hours may be used for work experience in applying for positions with the State of Florida.

The Volunteers further understand that volunteers are not considered employees of the State of Florida. Volunteers listed on the attached lists 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.

Either party may cancel this agreement at any time following notice of the other party.

The individuals named on the Group Volunteer Participant Listing will provide services as described above. Permission from the parents of all volunteers under the age of 18 has been secured on the Group Volunteer Participant Listing.

President or other authorized official of group	Date	
Acceptance for the Division/Office of the Department of Environmental Protection	Date	Termination Date

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
GROUP VOLUNTEER PARTICIPANT LISTING**

<b>1. Volunteer Organization Title</b>	<b>2. Contact's Name</b>
<b>3. Street Address (include apartment no.)</b>	<b>4. City, State, and Zip Code</b>
<b>5. Telephone (    )</b>	<b>6. Division/Office</b>
NAME _____ ADDRESS _____ CITY _____ ZIP _____ PHONE _____	NAME _____ ADDRESS _____ CITY _____ ZIP _____ PHONE _____
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NAME _____ ADDRESS _____ CITY _____ ZIP _____ PHONE _____	NAME _____ ADDRESS _____ CITY _____ ZIP _____ PHONE _____

This certifies that the above volunteers are providing volunteer services to the Department of Environmental Protection as described in the attached Group Volunteer Agreement and that permission has been obtained from the parents of all volunteers under 18.

\_\_\_\_\_ Date

President or other authorized official of group

\_\_\_\_\_ Date Termination Date

Acceptance for the Division/Office of  
the Department of Environmental Protection