

## Agreement for Individual Volunteer Services

To be completed by Department Director and signed and dated by volunteer and District Manager.

Name (print)	Drivers License Number & Type (if applicable)	Email Address	Date
Address		City	State ZIP
Brief description of work to be performed (attach additional sheets if necessary)			
List work schedule (days of week, hours, duration)			
Location work is to be performed			
<p>I UNDERSTAND THAT I AM NOT AN EMPLOYEE OF THE SOUTH FLORIDA WATER MANAGEMENT DISTRICT, AND I AM ACTING AS AN UNPAID INDEPENDENT VOLUNTEER. AS SUCH, I AM NOT ENTITLED TO ANY PROVISIONS OF LAW REGARDING DISTRICT EMPLOYMENT, NOR ANY LAWS RELATING TO HOURS OR WORK, RATES OF COMPENSATION, LEAVE TIME AND EMPLOYEE BENEFITS. I AGREE TO ACCEPT VOLUNTARY WORKERS COMPENSATION COVERAGE AS THE SOLE REMEDY FOR ANY INJURIES I MIGHT SUSTAIN WHILE IN SUCH VOLUNTEER SERVICE. I ALSO AGREE TO RELEASE FROM LIABILITY, INDEMNIFY AND HOLD HARMLESS THE SOUTH FLORIDA WATER MANAGEMENT DISTRICT, ITS OFFICERS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEY FEES AND COSTS RESULTING FROM THE PERFORMANCE OF THE ABOVE IDENTIFIED GROUP, ITS MEMBERS, FRIENDS, ETC., WHILE PERFORMING VOLUNTEER WORK FOR THE SOUTH FLORIDA WATER MANAGEMENT DISTRICT. I UNDERSTAND THE DISTRICT RESERVES THE RIGHT TO TERMINATE THE VOLUNTEER RELATIONSHIP AT ANY TIME AND FOR ANY REASON.</p> <p>I CERTIFY THAT I HAVE NO MEDICAL CONDITIONS, OR RESTRICTIONS, WHICH WOULD PROHIBIT ME FROM PERFORMING THOSE DUTIES DESCRIBED HEREIN.</p>			
Above Identified Volunteer (sign) (If under 18 years of age – Parent/Guardian signature is required.)			Date
District Manager Responsible for Volunteer		Title	Date
Bureau/Office Chief (print)		Bureau/Office Chief (sign)	Date

Please route the original to Human Resources.