



Agreement for Group Volunteer Services

To be completed by District Manager and Signed by Group Representative and District Manager.

Group Name (Print)	Address	City	State	ZIP	Telephone Number
Type of Organization	<input type="checkbox"/> For Profit <input type="checkbox"/> Not For Profit	Name of Authorized Representative (Print)	Position/Title		
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 MY GROUP, IDENTIFIED ABOVE, AND THE INDIVIDUAL MEMBERS OF MY GROUP, WHO ARE IDENTIFIED AS A PART OF THIS AGREEMENT, ARE NOT EMPLOYEES OF THE SOUTH FLORIDA WATER MANAGEMENT DISTRICT AND ARE ACTING AS UNPAID INDEPENDENT VOLUNTEERS. AS SUCH THE VOLUNTEERS ARE NOT ENTITLED TO ANY PROVISIONS OF LAW REGARDING DISTRICT EMPLOYMENT, OR ANY LAWS RELATING TO HOURS OF WORK, RATES OF COMPENSATION, LEAVE TIME, AND EMPLOYEE BENEFITS. WE AGREE TO ACCEPT VOLUNTARY WORKERS COMPENSATION COVERAGE AS THE SOLE REMEDY FOR ANY INJURIES THAT MIGHT BE SUSTAINED WHILE IN SUCH VOLUNTEER SERVICE. THE GROUP AND ITS INDIVIDUAL MEMBERS IDENTIFIED SHALL ALSO RELEASE FROM LIABILITY, IDEMNIFY 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.</p>					

Authorized Group Representative (Sign)

Date

Name & Title of District Accepting Official (Print)

Date

Department Director (Sign)

Date

Please distribute to the following: Original: Human Resources; **Copies:** Risk Management, Department Utilizing Volunteer Group, Group Manager

This section is to be completed by all volunteers associated with the volunteer group and remains a part of the agreement for group volunteer services from: _____

Group Name _____

Authorize Representative _____

If volunteer is under the age of 18, the signature of a parent/guardian is required.

I CERTIFY THAT I HAVE NO MEDICAL CONDITIONS, OR RESTRICTIONS, WHICH WOULD PROHIBIT ME FROM PERFORMING THOSE DUTIES DESCRIBED HEREIN. I FURTHER ATTEST THAT I HAVE MEDICAL COVERAGE IN THE EVENT I AM INJURED PERFORMING MY VOLUNTEER DUTIES.

I DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND PERSONAL REPRESENTATIVES, REMISE, RELEASED FROM LIABILITY, INDEMNIFY AND HOLD HARMLESS THE DISTRICT, ITS OFFICERS AND EMPLOYEES FROM ANY CLAIMS OR ACTIONS INVOLVING MY VOLUNTEER SERVICE THROUGH THE SIGNING OF THIS FORM, I UNDERSTAND AND AGREE TO THE PROVISIONS OUTLINED ON BOTH SIDES OF THIS DOCUMENT.

_____ Name of Volunteer	_____ Signature	_____ Date
_____ Name of Volunteer	_____ Signature	_____ Date
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