



Record of Volunteer Service

Section 1—VOLUNTEER INFORMATION

Name: _____

Date of Birth: _____ Phone #: _____
Attach proof of age if volunteer is under the age of 18

Home Address: _____
Street City State Zip

Mailing Address (if different than above): _____
Street City State Zip

Have you ever pleaded "nolo contendere" (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first degree misdemeanor or a felony? Yes* No

*If yes, please list the date: _____

Offense and disposition (please explain fully): _____

As a volunteer, I agree to abide by all applicable rules and regulations of the University of Florida and guidelines of this unit and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the university may terminate this agreement at any time without prior notice.

Volunteer's Signature: _____ Date: _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the University of Florida. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf.

Parent/guardian: _____
Print name Signature Date

Section 2—TO BE COMPLETED BY THE SUPERVISOR

Department where volunteer will work: Operation Catnip spay/neuter clinic, Small Animal Clinical Sciences

Supervisor responsible for volunteer's work: Dr. Julie Levy, Professor
Name and title

Supervisor's phone #: 258-6656 (c); 392-4700 x 5717 (o)

Please describe the work the volunteer is expected to perform:

Volunteer's qualifications to perform this work: Completed Operation Catnip Vol. Orientation & Training Program.

Volunteer work will begin following orientation and end indefinitely until terminated

Volunteer's references:
Name Relationship to volunteer Phone #
Name Relationship to volunteer Phone #

Supervisor's Signature: Date: 11/01/2009