

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF MARINE RESOURCES  
BUREAU OF COASTAL AND AQUATIC MANAGED AREAS

**VOLUNTEER SERVICE AGREEMENT**

I, \_\_\_\_\_ (print name), will provide services as described on the attached Volunteer Request Form, as a volunteer for the Department of Environmental Protection. I understand that I am not considered an employee of the Department and am not entitled to rights under the Career Service System.

I understand that I am afforded; coverage by state liability protection; workers' compensation in the event of a work related injury; entitlement to payment for approved travel and per diem in accordance with Department Policy; and the use of state equipment, lab space, vehicles and vessels (as appropriate and with supervisory approval), to perform the described volunteer services.

I agree to: abide by the Department's Standards of Conduct and other Departmental rules, policies, and practices; report job related injuries immediately to supervisory staff; report all volunteer hours worked; and notify my supervisor of my intent to discontinue volunteer services.

\_\_\_\_\_  
volunteer signature/Date

PLEASE COMPLETE EMERGENCY INFORMATION (print or type)

Emergency contact's name: \_\_\_\_\_

Emergency contact's relationship: \_\_\_\_\_

Emergency contact's address: \_\_\_\_\_

Emergency contact's Phone #:

\_\_\_\_\_  
Home

\_\_\_\_\_  
Business

Alternate emergency contact::

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

Relationship to you: \_\_\_\_\_