



# CF Volunteer Application

Contact: Human Resources Department  
Phone 352-854-2322, ext. 1766  
Email [gaylem@cf.edu](mailto:gaylem@cf.edu)

## Contact Information

Name  
Address  
Cell phone  
Home phone  
Work phone  
Email

## Availability

During which hours are you available for volunteer assignments?

Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering and the location of best interest to you.

College Events	Appleton Museum	Board/Committees
Filing/Clerical	Citrus Campus	Athletics
Environmental	Hampton Center	Horticulture/Landscaping
Student Services	Levy Center	Computer/Data Processing
Deliveries	Mailroom/Printing	Bulk Mailing
Switchboard	Ocala Campus	
Scanning Projects	Other Interests	
Volunteer Coordination	Tutor	

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Person to Notify in Case of Emergency

Name

Address

City, State and Zip Code

Home phone

Work and/or Cell phone

Email

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. **Background acknowledgement and release:** I understand that, pursuant to current Florida State Statutes, I may be required to submit to a criminal background investigation if I choose to volunteer for specific positions within College of Central Florida.

## Volunteer Please Sign

**Name (printed)**

**Signature**

**Date**

## Retired Senior Volunteer Program Members

**RSVP VOLUNTEERS ONLY:** RSVP provides volunteers with Accident & Liability Insurance, Personal Liability and EXCESS Automobile Liability Insurance. The following information is needed for program information/ insurance coverage.

### RSVP SUPPLEMENTAL ACCIDENT INSURANCE: Beneficiary Information

**Name**

**Relationship**

**Address**

**City**

**State**

**Zip Code**

**Telephone**

### RSVP AUTOMOBILE INSURANCE AGREEMENT:

As an RSVP volunteer, if I use my personal automobile as transportation to and from my volunteer station, I will arrange to keep in effect automobile liability insurance equal to the minimum required by the State of Florida. If there is any change in my driving status, I will notify the RSVP office.

**Name and number on current driver's license**

**Auto Insurance Provider**

**Policy No.**

**Voluntary Donation of Services:** I understand that registration with RSVP does not restrict my choice of volunteer jobs. I am free to accept or reject any volunteer placement offered to me. I give my permission to RSVP to release the information on this form to any agency as needed for volunteer referral.

## College of Central Florida Policy

EQUAL OPPORTUNITY EMPLOYER

College of Central Florida offers equal access and equal opportunity in its employment practices, admissions and educational activities. The College will not discriminate on the basis of race, color, religion, gender, age, marital status, national origin, genetic information or disability status in its employment practices or in the admission and treatment of students. Additionally, neither the College, nor its direct-support organization(s), will expend any funds, regardless of source, to purchase membership in or goods and services from any organization which discriminates on the basis of race, color, religion, gender, age, marital status, national origin, genetic information or disability status.

*Thank you for completing this application and for your interest in volunteering with the College of Central Florida!*

College and/or department representative please complete the following information.

Department name

Campus, building and room number

Supervisor

**CF VOLUNTEER WORKER GENERAL RELEASE**

**I** \_\_\_\_\_, **of**  
**(Volunteer)**

**(Street)** \_\_\_\_\_ **(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip Code)** \_\_\_\_\_

hereby agree to release and forever discharge the District Board of Trustees of College of Central Florida, its trustees, officers, employees and agents of all liabilities, claims, demands, and actions whatsoever, arising out of my volunteer work. This relates to any loss, damage, or injury, including death, that may be sustained, while in or on the premises of College of Central Florida or any premises leased to, used, or under the control or supervision of College of Central Florida or while enroute to or from such premises.

In signing this, I acknowledge that I have read this release, that I understand and acknowledge the significance and consequence of this release and that I am signing it voluntarily.

**ACKNOWLEDGEMENT OF BACKGROUND CHECK**

I agree to comply with the policies and procedures of College of Central Florida and will conduct myself in an appropriate and professional manner. I understand that, pursuant to current Florida State Statutes, I may be required to submit to a criminal background investigation if I choose to volunteer for specific positions within College of Central Florida. The mandatory background investigation, conducted by the Florida Department of Law Enforcement, will be completed at a cost of \$58.00. I understand that it is my responsibility to supply the required information below. College of Central Florida will pay the investigation fee.

Drivers License number

Date of birth

Social Security number

Male

Female

Signature of Volunteer

Date

Signature of Parent/Guardian (if volunteer is a minor)

Date

**PLEASE FORWARD THE COMPLETED FORMS (ORIGINAL)  
TO THE HUMAN RESOURCES DEPARTMENT**

### **Social Security Number Collection, Usage and Release**

Florida Statute 119.071(5) and Sections 483 and 484 of the Higher Education Act of 1965 authorize the collection, usage and release of your Social Security number by the College of Central Florida. CF collects, uses and releases Social Security number only if specifically authorized by law to do so, or when it is imperative for the performance of its duties and responsibilities as prescribed by law. To protect your identity, the college will secure your Social Security number from unauthorized access, strictly prohibit the release of your Social Security number to unauthorized parties in compliance with to state and federal law, and assign a unique CF identification number. This identification number will be used for all associated employment and educational purposes at CF. Specifically, CF collects, uses or releases a Social Security number for the following purposes:

#### **Admissions**

Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student Social Security numbers to the Internal Revenue Service. This IRS requirement makes it necessary for CF to collect the Social Security number of every student. A student may refuse to disclose their Social Security number to CF, but the IRS is then authorized to fine the student in the amount of \$50. In addition to the federal reporting requirements, the public school system in Florida uses Social Security numbers as a student identifier (section 229.559, Florida Statutes, new school code section 1008.386). In a seamless K–20 system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the smooth transition from one education level to the next. All Social Security numbers are protected by federal regulation under the Family Educational Rights and Privacy Act.

#### **Continuing Education and Corporate Training**

Under Florida education reporting requirements, students who enroll in Continuing Education and Corporate Training seminars are required to submit their Social Security number.

#### **Financial Aid**

The Office of Financial Aid at CF requires students and parents of dependent students to submit their Social Security number on various forms in order to correctly identify applicants, match each applicant's financial aid application information and data with the institution's records, and to help coordinate state aid programs with federal and institutional aid programs.

#### **Human Resources**

The Social Security number is used for legitimate business purposes for completing, processing or distributing the following: Employment Application Forms; Federal I–9 (Department of Homeland Security); Federal W4, W2, 1099 (Internal Revenue Service); Federal Social Security taxes (FICA); Federal W2 (Internal Revenue Service); Unemployment Insurance (Florida Department of Revenue); Florida Retirement System (Florida Department of Revenue); Worker's Compensation Claims (FCCRS and Department of Labor); Federal and State Employee and Educational Reports; Direct Deposit Files (Bank of America, ACH); 403b and 457b contribution reports; group health, life and dental coverage; completing and processing various supplemental insurance deduction reports; background checks; and payroll documents.

#### **Workforce Programs**

These programs use Social Security numbers as identifiers for program enrollment and completion. Also, it is used for entering placement information into either the Workforce Connection Management Information System or the Employ Florida Marketplace statewide data collection and reporting system. Because these are performance-based contract programs, it is required that all participants and their program related activities be recorded in the Florida state systems.

#### **Miscellaneous**

The Social Security number is used for identification and verification, billings and payments, data collection, reconciliation, tracking, benefit processing, and tax reporting.

#### **Release Statement**

Social Security numbers may be disclosed only pursuant to Florida Statute 119.071 (6a – 6h).

#### **Independent Contractors**

The college collects contractors' Social Security numbers in order to file information with the Internal Revenue Service, as required and authorized by federal law.