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The Florida Park Service (FPS) values your contributions, talents and service. We are dedicated to ensuring you have quality experiences which are productive, rewarding and memorable. We will provide you as a team member with adequate information, training, encouragement, support and supervision to ensure your success in joining us on our mission to provide resource-based recreation while preserving, interpreting and restoring 'The Real Florida'.

I, \_\_\_\_\_ (print group leader name), as leader of this group,

I represent \_\_\_\_\_ (name of organization) and agree to

- Complete an application online and as the leader.
- Secure permission from parents of all the volunteers in the group under the age 18 years.
- Have emergency contact information for each participant.

The individuals named on the group participation list (attached) will provide services to

\_\_\_\_\_ (name of state park) as described:

(Group Project Description)

I agree to:

1. Support the Florida Park Service (FPS) mission and follow Department and FPS policies when communicating with the public, staff, and fellow volunteers.
2. Maintain the FPS high standards of conduct, customer service and professionalism, and a courteous and supportive attitude, always.
3. Make a good faith effort to peacefully and respectfully resolve differences and problems with fellow volunteers, staff, the FPS or the public. Refrain from unprofessional communication or malicious talk, negative criticism, personal opinions or statements.



4. Carry out only approved projects, assignments and/or duties as assigned or approved by the park.
5. Abstain from securing special privileges, benefits, personal business, or exemptions for myself or members of the group.
6. Only use state equipment, office space, and vehicles as assigned to me by the park, and return all state property issued to me at the end of the groups' service.
7. Implement all FPS safety standards and report unsafe conditions and job-related injuries immediately to staff.
8. Request clarification of rules and policies that I do not understand.
9. Provide date of birth, driver's license number or other proof of identification, later if requested. I authorize the FPS to verify the information provided.

I understand that volunteers are not considered to be employees of the State of Florida; however, volunteers are covered by state liability protection (Section 768.28, F.S.) and by workers' compensation (Chapter 440, F.S.). No other benefits of collective bargaining agreements apply.

I also understand my service can be terminated by the FPS with or without cause, and I do not have the right to grieve or appeal this decision, or I can terminate my volunteer status at any time with or without cause. I understand that volunteers on duty for the Department may be photographed or videoed and the materials may be used to promote the Department. No further releases are required.

\_\_\_\_\_ (Group leader's signature) \_\_\_\_\_ Date

**Provide participant list with Name, Email & Phone or use the form provided below (attach additional as needed)**

**Organization Title:** \_\_\_\_\_ **Project Date:** \_\_\_\_\_

| Participant Name | Email | Phone |
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Add additional sheets as appropriate



