Volunteer/Unpaid Intern Process

*Please note that Candidates cannot start volunteering until after you are notified by Recruitment via email that they have cleared all pre-screenings and been approved.*

- Volunteer/Intern Application Forms A & B:
  - [My.fiu.edu](https://my.fiu.edu) > HR Admin > Main Menu > Self Service > Employee Resources > Employee Forms > Recruitment Forms:
    - Volunteer Application Forms A: must be completed by volunteer/unpaid intern.
    - Volunteer Application Forms B: must be completed by the supervisor.
  - If the volunteer is a minor, the form must also be signed by the parent/guardian.

- Person of Interest (POI) Form: must be completed, only if volunteer/unpaid intern needs access.
  - [My.fiu.edu](https://my.fiu.edu) > Human Resources Admin > Self Service > Employee Resources > Employee Forms > Recruitment Forms > Person of Interest Form
  - POI Forms must be submit together with Volunteer Application Forms A & B.

- Volunteer Forms must be submit altogether, as one legible PDF, to [volunteers@fiu.edu](mailto:volunteers@fiu.edu) (Do not submit any paper forms to HR for these POI types.)

- Once all forms are received, and complete, it is reviewed for clearance.
  - Background Check and Fingerprinting request are sent to those volunteers who will work with minors, have access to sensitive information, IT or handling money.
  - OIG Clearance is done to anyone who will volunteer in a wellness program (e.g. - Psychology, Nursing, Herbert Wertheim College of Medicine, etc.)
  - Departments that must always have clearance:
    - Frost Art Museum- Background Check and Fingerprinting
    - Center for Children and Family (CCF)- Background Check and Fingerprinting
    - Wolfsonian Museum- Background Check and Fingerprinting
    - Athletics- Background Check only

- If clearance is required, the department needs to wait for an email stating that the volunteer has been cleared BEFORE that volunteer can begin the assignment.
  - Those that do not require clearance, you will be notified via email that they can begin.

- Once the full application is reviewed, the form is signed off by Recruitment Services, Asst. Director and then routed to Employee Records for processing.

02/29/2016
FIU Volunteer/Intern Application (A)
Instructions: Please complete this application and submit to supervisor.

1. Personal Information: Please write legibly.
Name: ___________________________ Date of Birth: ___________________________
Note: FIU does not allow anyone under the age of 14 years to serve as volunteer. There are restrictions on services that can be performed by minors between the ages of 14 and 18 years.
Cell Phone: ___________________________ Email: ___________________________
Mailing Address: ___________________________
Do you have a relationship to a current FIU employee? ☐Yes ☐No. If so, provide name(s), relationship and department: ___________________________

2. Emergency Contact:
Name: ___________________________ Relationship: ___________________________
Cell Phone: ___________________________ Email: ___________________________
Mailing Address: ___________________________
By signing this volunteer application, I give permission to contact the person listed in the event of an emergency.

3. FIU Department:
Department with Volunteer Opportunity: ___________________________
Assignment classified as: ☐ Community Service ☐ Volunteer work ☐ Internship ☐ Practicum ☐ Other: ___________________________
Name of Supervisor: ___________________________ Email: ___________________________
Supervisor’s Telephone: ___________________________
Is this “hands-on” work in a laboratory/greenhouse/clinic area/animal facility? : ☐Yes ☐No
If yes, an Environmental Health and Safety Risk Assessment form must be completed by the Supervisor and approved by EH&S before beginning volunteer services.
Project Title (if applicable): ___________________________

4. Education: ☐ High School (Grade Level: ___) ☐ College ☐ Graduate School
ACKNOWLEDGEMENTS:

I am freely and voluntarily offering my services to Florida International University for (check one):

☐ Voluntary work - regular-service
☐ Voluntary work - occasional-service

I will not receive any monetary or material compensation for performing this service. The University has the right to terminate my volunteer services at any time. In performing said service, I am an independent, unpaid volunteer not subject to any provisions of law relating to state employment, to any collective bargaining agreement between the State and any employees' association or union, nor to any laws relating to hours of work, rates of compensation, leave time, and employee benefits; and in the event of my termination, I am not entitled to receive unemployment compensation. I understand that while I am performing the volunteer services, and acting within the scope of my specific assigned duties, I will be covered by the State of Florida workers' compensation policy and the State liability protection, as appropriate. As a volunteer, I agree to comply with all Florida International University policies, and the requirements of its governing board, and all applicable state and federal statutes, rules and regulations, and to fulfill my volunteer responsibilities to the best of my ability. I confirm, that the information provided herein and on any attachments is true, accurate, complete, and made in good faith, and I agree to abide by FIU's rules and regulations while in its employment.

Print Name: ________________________________________

Signature: ________________________________________ Date: ___________________

If the person who wishes to volunteer is between the ages 14 and 18 years, the parent or legal guardian must sign below on the minor's behalf and complete the Additional Acknowledgement/Consent for minors.

Additional Acknowledgement / Consent for Minors

On behalf of my child, I confirm that the statements made above are true and correct as they relate to my child and that my child will adhere to the policies and procedures of FIU. I have completed the Minor Registration Application for my child and that I have read and understood the Potential Hazard Information Sheet describing the potential risks and dangers associated with my child's research project. I state that I understand there are limitation in place in my child's ability to perform volunteer services which will be described to me is the volunteer application is approved. I agree and understand that my child's research project may be suspended at any time, at the discretion of the University and its officers, agents, and employees, if the safety of my child, the employees and other volunteers of the University become a concern.

Print Parent/Legal Guardian Name: ________________________________

Parent/Legal Guardian Signature: ________________________________ Date: __________________
FIU Volunteer Application-Supervisor Form (B)

Instructions: Please complete this application and submit to volunteers@fiu.edu as one legible PDF attachment.

Name of Volunteer: ___________________ Title of Project: ___________________
Name of Supervisor: _______________ Telephone: _______________ Email: _______________
Date Volunteer Work Begins: __________ Date Volunteer Work Ends: __________
Estimated Hours per week: _______________ Location of Volunteer Work: ___________________
Description of work to be performed (Please be detailed):
_________________________________________________________________________
_________________________________________________________________________

☐ Working with minors ☐ Handling sensitive information ☐ Providing IT services ☐ Traveling ☐ Handling currency

Is this “hands-on” work in a laboratory/greenhouse/clinic area/animal facility?: ☐ Yes ☐ No
If yes, an Environmental Health and Services Assessment form must be completed by the Supervisor and approved by EH&S before beginning volunteer services.

I acknowledge that it is my responsibility to assure that proper training, personal protective equipment and safety information is provided to the volunteer before assignment of any task and that appropriate consideration has been given to security issues associated with this assignment. Depending on the nature of the volunteer work, I acknowledge and agree that personal protective equipment appropriate for, and specific to, laboratory hazards will be provided to any volunteer. If the volunteer work involves a laboratory, I state that my laboratory is in full compliance with all applicable Florida International University safety programs and regulations.

If the volunteer is a minor, I acknowledge that I have read, understand, and will adhere to the FIU’s Policy. I have completed the Minor’s Hazard Specific Safety Training. I agree that the minor volunteer(s) will be supervised at all times while in the laboratory and never left alone. I agree not to have minors perform services which are not in compliance with the Child Labor Laws

Supervisor Signature: ___________________ Date: __________

DEPARTMENT APPROVAL

I have reviewed the application and authorize the volunteer to work on the above referenced project. Name of
Department Chair/Business Chair: ___________________

Signature: ___________________ Date: __________

EH&S (When Appropriate): Date Received: _______________ Reviewed By: ___________________
Recommended: ☐ Yes ☐ No ☐ Pending additional information
Additional Information: ____________________________________________________________

Signature: ___________________ Date: __________

DHR Date Received: _______________ Reviewed By: ___________________
Recommended: ☐ Yes ☐ No ☐ Pending additional information
Additional Information: ____________________________________________________________

Signature: ___________________ Date: __________
EH&S Risk Assessment Form
(To be completed by supervisor if assignment is “hands on” work in laboratory/greenhouse/clinic area/or animal facility.)

In order to comply with University EH&S policies, the following information must be obtained for the application to properly be reviewed. Please complete and return this form together with the FIU Volunteer Application-Supervisor Form to Recruitment Services, Attn: Volunteer Program Manager for approval BEFORE beginning any hands-on work in the laboratory/greenhouse/clinic area/animal facility, etc. It is important that EH&S will have all of the necessary information to make a determination as to whether volunteer can perform the services. EH&S will review the application and advise whether the volunteer work has been approved and what restrictions, if any, are applicable.

If the volunteer is a minor (i.e., person between the areas of 14 and 18 years) the volunteer is restricted by the number of hours he or she can work depending on the minor’s age and where the services can be performed (e.g., certain laboratory activities are not permitted for minors to perform).

Volunteer Name: _______________________

<table>
<thead>
<tr>
<th>Materials and Equipment to be Used- Check AND List all that Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chemicals</strong></td>
</tr>
<tr>
<td>☐ Flammable</td>
</tr>
<tr>
<td>☐ Reactive</td>
</tr>
<tr>
<td>☐ Carcinogenic</td>
</tr>
<tr>
<td>☐ Toxic</td>
</tr>
<tr>
<td>☐ Corrosive</td>
</tr>
<tr>
<td>☐ Oxidizer</td>
</tr>
<tr>
<td>☐ Cryogen</td>
</tr>
<tr>
<td>☐ Pharmaceuticals</td>
</tr>
<tr>
<td>☐ Gases</td>
</tr>
<tr>
<td>☐ Radioactive Materials *</td>
</tr>
</tbody>
</table>

*Prohibited for minors