



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

Once you click on the link for the Volunteer Services Agreement you will be taken to the below page to insert your information, as well as the volunteer and the volunteer's parent or guardian (if using the Under the Age of 18 form), and department contact (if applicable).

PowerForm Signer Information

If there are other 'roles' required for this document to be completed, please enter the name and email of these other recipients. An email will be sent inviting them to sign along with you.

Please enter your name and email to begin the signing process.

Your Role:
Supervisor *

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:
Volunteer *

Name:

Email:

Role:
Parent or Guardian *

Name:

Email:

Role:
Department Contact

Name:

Email:

[Begin Signing](#)

Supervisor is the UCF faculty or staff member who is overseeing the volunteer assignment.

First and Last names are required, as well as the use of faculty/staff UCF.edu email.

Volunteer is the individual assigned by a UCF faculty or staff member.

First and Last names are required. Email can be the personal email of the volunteer or their Knights email.

This will only show if you select the form for volunteers under the age of 18. This is the parent or guardian of the volunteer.

First and Last names are required. Email can be the personal email of the parent or guardian.

OPTIONAL: If your department has an individual who needs to receive an executed copy of the Form, you can put their contact information here.

First and Last names are required, as well as the use of faculty/staff UCF.edu email.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

Supervisor (Part 1):

You will see the below instructions and you will be asked to consent for the use of electronic signatures, which are as binding as paper signatures in the State of Florida. You will check the box and select "Continue".

Please Review & Act on These Documents



Blake Lovvorn
UCF

Supervisor:

Please be advised that this is the Volunteer Services Agreement for volunteers age 18 or older. If your volunteer is under the age of 18 you must use the Volunteer Services Agreement for Volunteers Under the Age of 18 as their parent or guardian is required to sign off.

If this is the correct form, please complete the top section of page 2. Then click finish. The form will then be emailed to the volunteer for them to complete page 4 and sign on page 3. The form will then be routed back to you, for a final review. If the information is correct, please sign and if there are errors, please update before signing. You will then click finish and an executed copy of the agreement will be email to you, the volunteer, and Risk Management. If you have any questions, please let us know. Thanks.

Risk Management
[View Less](#)



Please read the [Electronic Records and Signature Disclosure](#).

☐ I agree to use electronic records and signatures.

CONTINUE

OTHER ACTIONS ▾

Next you will need to complete the boxes in **RED**. These boxes are the same on both forms.

VOLUNTEER SERVICES AGREEMENT FOR VOLUNTEER UNDER THE AGE OF 18

Place of Volunteer Assignment:
(Name of Department/Location)

Name of Volunteer (printed): E-mail:

Date(s) of Volunteer Services: through
(start date or single date of service) (provide end date, if known)

Expected hours: (select one: ☐ total anticipated hours ☐ weekly hours)

Name of Primary Supervisor: John Doe

Location and Description of Volunteer Duties:

If you do not know the end date, please use the end date of the current semester.

Select only **one** option. We are required to report this number to the State so it needs to be as accurate as possible.

This name is auto populated based on the name provided on the PowerForm Signer Information page when you initially click on the form link.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

You will then click “Finish” and the form will be emailed to the volunteer.

FINISH

UCF Volunteer:

You will receive an email asking you to “Review Document” along with instructions on what you need to review and complete.

DocuSign

Supervisor sent you a document to review and sign.

REVIEW DOCUMENT

Supervisor
[Supervisor's Email](#)

This information is auto populated based on the information supplied by the supervisor.

UCF Volunteer:
Please review pages 1-3 of the Volunteer Services Agreement and if the information is correct, sign on page 3. If the information needs to be updated, please contact your supervisor. Additionally, you will also need to complete page 4, the Personal Information Form. You will then click finish.

From there the form will go to your supervisor for a final review and signature. Once execute, you will receive a copy of the Volunteer Services Agreement in your email. If you have any questions, please contact your supervisor.

Thank you.

Do Not Share This Email
This email contains a secure link to DocuSign. Please do not share this email, link, or access code with others.

Once you click on “Review Document”, you will be taken to the Volunteer Services Agreement with the same instructions as the email, and you will be asked to consent for the use of electronic signatures which in the State of Florida are the same as paper signatures. You will check the box and select “Continue”.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

Please Review & Act on These Documents



Blake Lovvorn
UCF

UCF Volunteer:

Please review pages 1-3 of the Volunteer Services Agreement and if the information is correct, sign on page 3. If the information needs to be updated, please contact your supervisor. Additionally, you will also need to complete page 4, the Personal Information Form. You will then click finish.

From there the form will go to your supervisor for a final review and signature. Once execute, you will receive a copy of the Volunteer Services Agreement in your email. If you have any questions, please contact your supervisor.

Thank you.

[View Less](#)



Please read the [Electronic Records and Signature Disclosure](#).

☐ I agree to use electronic records and signatures.

CONTINUE

OTHER ACTIONS ▾

Next you will need to review pages 1 – 3 and if the information on page 2 is correct, click on the “Sign” button on page 3. If the information is incorrect, please contact your supervisor to have the information updated before signing.

6. **While a volunteer at UCF, I am subject to UCF policies and procedures and I agree to follow those policies and procedures. Volunteers and visiting scholars working with chemical, biological, radiation hazards require additional training. Please register for Laboratory Safety and/or Biological Safety, and/or Radiation training by visiting www.ehs.ucf.edu for upcoming dates and times of training. Online training will take 3-5 days to process your guest ID request. Completion of the safety training is required prior to working. To prevent further delay, please complete the form <http://teach.ucf.edu/forms/guest/>. If you need assistance with registration, please call 407-823- 1470.**
7. In the event that I believe I am a victim of discrimination, harassment, or retaliation of any kind, I will report such conduct to my primary supervisor, to my department head/dean, to Human Resources, or to the Equal Opportunity Office promptly. Further, I will cooperate in any investigation of such conduct or any other type of alleged misconduct.

Volunteer:



Supervisor:

You will be prompted to select your signature style before signing. You have the option to use the default or to customize.

Then you will need to complete the boxes in **RED**. These boxes are the same on both forms.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816



If Volunteer is under the age of 18, parent or guardian must sign consent form.

**VOLUNTEER SERVICES AGREEMENT
FOR VOLUNTEER UNDER THE AGE OF 18
PERSONAL INFORMATION FORM**

This information is to be kept on file with the supervising department.

Name of Volunteer: Jane Knight

Address:

Phone Number(s):

Email Address: JaneKnight@knights.ucf.edu

This information is auto populated based on the information supplied by the supervisor. If incorrect, please contact your supervisor to have it updated.

Volunteer is a citizen or Permanent Resident of the United States (check one): ☒ YES ☐ NO

If Volunteer is **NOT** a US citizen or Permanent Resident, please complete below:

Nation of Citizenship (if multiple please include all):

US Visa Permit Type:

If you are **NOT** a US citizen or Permanent Resident you will need to complete both lines.

Volunteer is 18 year of age or older (check one): ☒ YES ☐ NO

If Volunteer is not 18 or older, consent of parent/guardian is required.

Please use Volunteer Services Agreement Consent Form for Volunteer Under the Age of 18.

EMERGENCY CONTACT INFORMATION:

Name:

Address:

Phone Number(s):

Relation to Volunteer:

You will then click "Finish" and the form will be emailed to the volunteers' parent or guardian, if using the Under the Age of 18 form, or back to the supervisor.

FINISH



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

Parent or Guardian of UCF Volunteer *(if using the Under the Age of 18 form):*

You will receive an email asking you to “Review Document” along with instructions on what you need to review and complete.

Once you click on “Review Document”, you will be taken to the Volunteer Services Agreement with the same instructions as the email, and you will be asked to consent for the use of electronic signatures which in the State of Florida are the same as paper signatures. You will check the box and select “Continue”.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

Please Review & Act on These Documents



Blake Lovvorn
UCF

Parent or Guardian of UCF Volunteer:

Your son or daughter has accepted a volunteer position at the University of Central Florida. Prior to beginning their service, they are required to review and complete the Volunteer Services Agreement as well as have their parent or guardian sign off. If you could please review and sign on page 5. You will then click "Finish".

From there the form will go to your son or daughter's supervisor for a final review and signature. Once executed, you will receive a copy of the Volunteer Services Agreement in your email. If you have any questions, please contact your son or daughter's supervisor.

Thank you.

[View Less](#)

 Please read the [Electronic Records and Signature Disclosure](#).
☐ I agree to use electronic records and signatures.

CONTINUE

OTHER ACTIONS ▾

Next you will need to review pages 1 – 4 and if the information is correct, click on the “Sign” button on page 5. If the information is incorrect, please contact your son or daughter’s supervisor to have the information updated before signing.

VOLUNTEER SERVICES AGREEMENT CONSENT FORM FOR VOLUNTEER UNDER THE AGE OF 18

Name of Volunteer (printed): Jane Knight

Name of Parent/Guardian (printed): Tom Knight

I am the parent/guardian of Jane Knight, who wishes to provide volunteer services to the University of Central Florida. I have read the Information for Volunteers and the Volunteer Services Agreement. I give my consent to allow my child to provide volunteer services to UCF.

Signature of Parent/Guardian: 

Date: _____

This information is auto populated based on the information supplied by the supervisor. If incorrect, please contact your son or daughter’s supervisor to have it updated.

You will be prompted to select your signature style before signing. You have the option to use the default or to customize.

You will then click “Finish” and the form will be emailed to the supervisor.

FINISH



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

Supervisor (Part 2):

You will receive an email asking you to “Review Document” along with instructions on what you need to review and complete.

The screenshot shows an email from DocuSign. At the top is the DocuSign logo. Below it is a blue box with a white icon of a document and a pencil. The text inside the blue box says "Supervisor sent you a document to review and sign." Below this text is a yellow button that says "REVIEW DOCUMENT". To the right of the button is a callout box that says "This information is auto populated based on the information supplied by the supervisor." Below the blue box is the text "Supervisor" and "[Supervisor's Email](#)". Below this is the text "Supervisor:" followed by a paragraph of instructions: "Please review the Volunteer Services Agreement in its entirety. If the information is correct, please sign on page 3 and if there are errors please update before signing. Then click finish. The executed agreement will then be emailed to you, your volunteer and Risk Management. If you have any questions, please let us know. Thanks." Below this is the text "Risk Management" followed by two phone numbers: "407-823-0206" and "407-823-0648". At the bottom of the email is a grey box with the text "Do Not Share This Email" and "This email contains a secure link to DocuSign. Please do not share this email, link, or access code with others."

Once you click on “Review Document”, you will be taken to the Volunteer Services Agreement with the same instructions as the email, and you may be asked to give consent a second time depending on your browser. Either way, you will select “Continue”.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

Please Review & Act on These Documents



Blake Lovvorn
UCF

Supervisor:

Please review the Volunteer Services Agreement in its entirety. If the information is correct, please sign on page 3 and if there are errors please update before signing. Then click finish. The executed agreement will then be emailed to you, your volunteer and Risk Management. If you have any questions, please let us know. Thanks.

Risk Management

407-823-0206

407-823-0648

[View Less](#)



Please read the [Electronic Records and Signature Disclosure](#).

☐ I agree to use electronic records and signatures.

CONTINUE


OTHER ACTIONS ▾

Next you will need to review the Volunteer Services Agreement in its entirety and if the information is correct, click on the “Sign” button on page 3. If the information is incorrect, please updated before signing.

6. **While a volunteer at UCF, I am subject to UCF policies and procedures and I agree to follow those policies and procedures. Volunteers and visiting scholars working with chemical, biological, radiation hazards require additional training. Please register for Laboratory Safety and/or Biological Safety, and/or Radiation training by visiting www.ehs.ucf.edu for upcoming dates and times of training. Online training will take 3-5 days to process your guest ID request. Completion of the safety training is required prior to working. To prevent further delay, please complete the form <http://teach.ucf.edu/forms/guest/>. If you need assistance with registration, please call 407-823- 1470.**
7. In the event that I believe I am a victim of discrimination, harassment, or retaliation of any kind, I will report such conduct to my primary supervisor, to my department head/dean, to Human Resources, or to the Equal Opportunity Office promptly. Further, I will cooperate in any investigation of such conduct or any other type of alleged misconduct.

Volunteer: DocuSigned by:

EA0F69D551B94F6

Supervisor: 

You will be prompted to select your signature style before signing. You have the option to use the default or to customize.

You will then click “Finish” and a copy of the executed Volunteer Services Agreement will be emailed to the supervisor, volunteer, volunteers’ parent or guardian (if applicable) and Risk Management.





UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816




Making Changes to the Agreement *(Supervisors Only)*:

In the email you receive asking you to “Review Document”, you will click on “Review Document”, and be taken to the Volunteer Services Agreement. You may be asked to give consent to electronic signatures again depending on your browser. Either way, you will select “Continue”.

Next you will click on “Other Actions” tab in the upper right hand corner of the page and select “Mark Up”.

OTHER ACTIONS

FINISH LATER Save the document in its current state and finish the signing process at a later time.	PRINT & SIGN Print the document and sign in ink. Then either scan and upload or fax back the document.
ASSIGN TO SOMEONE ELSE Should someone else be signing? Provide the new signer's email address and send the document to them for signature.	DECLINE TO SIGN Notify the sender that you refuse to sign the document.
MARK UP Make changes and collaborate on the document's content.	

[Help & Support](#) [About DocuSign](#) [View History](#)[View Certificate \(PDF\)](#) [View Electronic Record and Signature Disclosure](#)

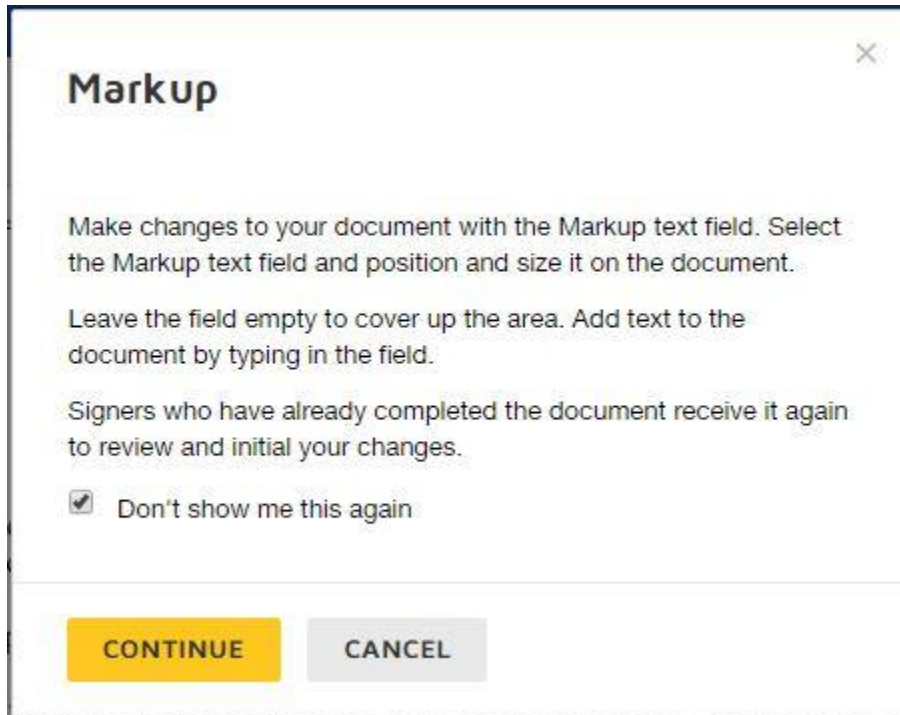


UNIVERSITY OF CENTRAL FLORIDA

Risk Management

PO Box 163500
Orlando, FL 32816

You will then receive a pop giving you instructions on how to “Markup” the Agreement. Once you have reviewed you will select “Continue”.



Markup

Make changes to your document with the Markup text field. Select the Markup text field and position and size it on the document.

Leave the field empty to cover up the area. Add text to the document by typing in the field.

Signers who have already completed the document receive it again to review and initial your changes.

☒ Don't show me this again

CONTINUE **CANCEL**

Once you have revised a section, you will see an “Initial Button” pop-up. You will need to select this button before you will be allowed to continue completing the Agreement.

In the below example, we have updated the “Place of Volunteer Assignment”, so the “Initial Button” popped-up for us to complete.

Place of Volunteer Assignment:
(Name of Department/Location)

Name of Volunteer (printed): e-mail:

Date(s) of Volunteer Services: through
(start date or single date of service) (provide end date, if known)

Expected hours: select one: ☐ total anticipated hours ☒ weekly hours)

Name of Primary Supervisor:



“Initial Button”. This must be selected before moving forward with the Agreement.

Please note that when you make any changes, the Agreement does require that all signers of the document review the changes and also initial before the Agreement can be executed.

For additional questions, please contact Risk Management at 407-823-0206 or 407-823-0648.