Supervisor Instructions: Please complete this application and consult with your HR Liaison for any internal processes and approvals. The HR Liaison or Supervisor must submit both application A & B as one legible PDF attachment, to volunteers@fiu.edu.

First and Last Name of Volunteer: _____________________________ Department Name: _____________________________
Name of Supervisor: _____________________________ Supervisor Panther ID#: _____________________________
Office extension#: __________________ Supervisor Email: _____________________________
Requested Start Date: _____________________________ Requested End Date: _____________________________
Standard Hours per week: _____________________________ Location of Volunteer Services: _____________________________

Detailed description of work to be performed (Must include purpose, benefit, project title and Project ID# (if applicable):
Note: Cannot be duties that are currently for a paid employee.

☐ Working with and/or residing with minors and/or vulnerable persons ☐ IT related functions ☐ Those working in the Athletics Department who travel with students to events ☐ Working within museums ☐ Access to Student Media equipment
Note: CANNOT have a POI (AD access), handle/manage cash, checks, cash transactions, gift cards, debit/credit cards and/or cash equivalent, or drive on behalf of the university.

Is this “hands-on” work in a laboratory/greenhouse/clinic area/animal facility/BSL2 lab? : ☐ Yes ☐ No
If Yes, then this application form is NOT required and you must submit a Person of Interest (POI) request type: Research Labs for EH&S, ORED, and TAM-HR approval.

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 that are not in compliance with the Child Labor Laws.

Supervisor Signature: _____________________________ Date: _____________________________

DEPARTMENT APPROVAL: (REQUIRED)
I have reviewed the application and authorize the Volunteer to work on the above referenced project.
Print Department Manager Approver Name: _____________________________
Department Manager Approver Signature: _____________________________ Date: _____________________________

TAM-HR
Date Received: _____________________________ Reviewed by: _____________________________
Cleared: ☐ Yes ☐ No ☐ N/A
Date Cleared: _____________________________

TAM-HR Approval Signature: _____________________________ Date: _____________________________