

FIU VOLUNTEER Application-Supervisor Form (B)

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 Working in K-12 Schools IT related functions

Those working in the Athletics Department who travel with students to events Working within museums

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. Those who will volunteer in K-12 Schools will require DCF Clearinghouse at a cost.

Is this "hands-on" work in a laboratory/greenhouse/clinic area/animal facility/BSL2 lab/fieldwork associated with research diving/boating? Then you must submit a Person of Interest (POI) request type: **Research Labs** for EH&S, ORED, and TAM-HR approval and it will require Intern Application forms A and B attached to the online request.

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: _____