



The Office of Resilience and Coastal Protection 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.

As an occasional-service volunteer, I agree to:

1. Maintain the DEP high standards of conduct, of customer service and professionalism.
2. Refrain from unprofessional communication, malicious talk, negative criticism, and personal opinions.
3. Carry out only approved assignments and duties as assigned by my supervisor.
4. Implement all DEP safety standards and report unsafe conditions and job-related injuries immediately to supervisory staff.
5. Request clarification of assignments, rules, and policies that I do not understand.

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 understand my volunteer performance will be evaluated. I also understand my service can be terminated by DEP 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.

I understand that I must not operate any DEP equipment for which I have not been properly trained to use.

I affirm as a condition precedent to volunteering that I am not a convicted felon.

I understand that volunteering involves interactions with the public, including people of all ages. I affirm that I have not committed any offense for which I am prohibited from interactions with people of all ages.

I agree _____
(Volunteer Signature)

Date _____

I agree _____
(Print Name)