

	HUMAN RESOURCES DESKTOP PROCEDURES		
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	APPROVED BY:	DATE REVISED	
Chief Human Resource Officer	January 30, 2017		

PURPOSE

The purpose of this procedure is to specify the process for the selection and utilization of volunteer workers at Florida State College at Jacksonville (FSCJ).

PROCEDURE

Volunteers are those who:

- (1) work toward service objectives consistent with the mission of FSCJ;
- (2) do not expect or receive compensation for services; and
- (3) do not displace any genuine employees.

Volunteers can only be used for specific purposes at FSCJ. Those purposes include, but are not limited to:

- Summer Camp
- Student Tutoring
- Wilson Center
- Labs

A rigorous set of guidelines and procedures are in place for Summer Camp, and this Desktop Procedure is not intended to supersede or replace any condition reflected in that procedure.

Student Tutoring and all other non-Summer Camp Volunteers must:

- Sign a Confidentiality Agreement (copy attached).
- Sign a Risk Management Release Form (copy attached).
- Agree to be background screened prior to being approved to volunteer. This will be done at no cost to the potential volunteer and facilitated by the Office of Human Resources. If the volunteer is working in a safety sensitive area, such as a student lab, they will also be required to complete a drug test.
- Have a specific supervisor or manager to whom they report.

Volunteers will not have access to any FSCJ computer systems nor will they receive an ID badge. They are required to sign in and out with the Security Officer at their respective location. A supervisor or designee must also be at the location of the volunteer.



Volunteer Confidentiality Form

It is the policy of Florida State College at Jacksonville (College) that information regarding students, alumni, faculty, staff and other constituents be considered and handled with discretion and confidentiality.

This is to ensure adherence to all FERPA policies and respect for the privacy and rights of members of the College.

As a volunteer it is understood that all information gained from student and/or employee files (office or computer generated) or heard in the course of volunteer activity is strictly confidential and, as such, is not to be shared with anyone other than those authorized to receive this information. In addition, no material may leave the College. Files and copies of records are not to be left unattended in public areas for others to view.

A volunteer must avoid acquiring student information that is not needed to support the volunteer activity.

Individual departments may have stricter policies regarding confidential records.

No computer passwords will be provided and access to the FSCJ proprietary system is prohibited.

I, _____, have read and understand my responsibilities as stated in this Confidentiality Agreement. I understand that any breach of confidentiality will result in the discontinuation of any volunteer activity.

Volunteer Signature/ Date

Supervisor Signature/ Date

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the “release”) executed on _____, 20___, by _____ (“Volunteer”) releases Florida State College at Jacksonville, (FSCJ) organized and existing under the laws of the State of Florida and the Country of Duval, and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Florida State College at Jacksonville and engage in activities related to serving as a volunteer in the following program/activity

Volunteer understands that the scope of Volunteer’s relationship with FSCJ is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that FSCJ will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to FSCJ.

- 1. Waiver and Release:** I, the Volunteer, release and forever discharge, indemnify and hold harmless FSCJ and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from negligent acts or omissions of the services I provide to FSCJ. I understand and acknowledge that this Release discharges FSCJ from any liability or claim that I may have against FSCJ with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to FSCJ or occurring while I am providing volunteer services.
- 2. Insurance:** Further I understand that FSCJ does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of FSCJ beyond what may be offered freely by FSCJ in the event of such injury or medical expenses incurred by me.
- 3. Medical Treatment:** I hereby Release and forever discharge FSCJ from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency during my participation as a volunteer with FSCJ.

I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature of Volunteer

Date