

VolunteerLAKE

LETTER OF UNDERSTANDING

I, _____, of _____
Name of Volunteer Address

_____ am desirous of volunteering my services
City, State, & Zipcode Phone number

for the good of Lake County by assisting and rendering services to the Lake County Board of County Commissioners, located at PO Box 7800, Tavares, Florida, 32778, and,

WHEREAS, Lake County, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, is desirous of receiving volunteer services from concerned citizens.

NOW THEREFORE, in the interest of performing these services, I fully understand and agree to the following described terms and conditions:

1. All of the services and assistance, which I may render, are strictly and entirely on a volunteer basis. I understand that I have the right to terminate my volunteer service at any time with or without cause, and that the County has the same right. Consequently, the COUNTY is neither responsible nor liable for the payment of any monetary remuneration to me for the performance of those services. I further understand and agree that I will not receive nor will the COUNTY provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, social security or retirement benefits.
2. I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.
3. Workers Compensation Procedures: I have received and understand the Workers Compensation Procedures and will comply.
4. Effective Date.
This letter, together with its terms and conditions, shall become effective on the _____ day of _____ 200__ and shall continue in full force and effect until said services have ended and no future services are contemplated.

By my signature below, I hereby attest that I have read and fully understand the foregoing terms and conditions, that I am of sound mind, and that I have reached at least my eighteenth (18) birthday preceding the execution of this Letter of Understanding or if under eighteen (18) my parent/guardian has approved my volunteer service as evidenced by their signature below.

WITNESS: _____
Print Name Print Name

Witness Signature Volunteer Signature
If under eighteen (18) years of age a parent/guardian's signature must appear below.

Print Name of Parent/Guardian Parent/Guardian's signature

Date

EMERGENCY CONTACT INFORMATION

Please provide Emergency Contact information below:

NAME:		
ADDRESS:		
CITY	STATE:	ZIPCODE:
PHONE NUMBER 1:	PHONE NUMBER 2:	

RETURN COMPLETED FORM TO: VolunteerLAKE, POB 7800, Tavares FL 32778-7800

Revised December 2007