POLK STATE COLLEGE

VOLUNTEER PLEDGE
(Volunteer completes and leaves form with Human Resources)

I am offering my services to Polk State College as a volunteer. I understand that this relationship with the College is essentially a "non-paid staff" position and the only benefit provided is workers compensation insurance coverage.

I am sincerely interested in service to the community and the College's students. I understand that once my offer of volunteer services has been accepted that the College administration has a right to expect me to perform as any other properly assigned College staff.

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I will conduct myself with dignity, courtesy, and consideration.
- I will consider confidential all information which I may hear directly or indirectly concerning a student or any member of the personnel that is not related to my assigned task.
- I will take any problems, criticisms or suggestions to my shift leader or supervisor.
- I will endeavor to make my work of the highest quality.
- I will uphold the traditions and standards of the College and will interpret them to the community at large as they have been explained to me.

Signature: _____ Date: _____

VOLUNTEERS PLEASE READ THE FOLLOWING

THE FOLLOWING INFORMATION IS NOT REQUIRED

The following information is asked in concern for your safety and the safety of your fellow workers. We will make all practical adjustments necessary to accommodate any physical limitations that you may have. If there are any physical requirements for this job, these requirements will be discussed with you during your personal interview.

Can you perform the duties of the job for which you have applied in a manner which is safe to you, your fellow volunteers and employees?

_____yes   _____no

Is there any type of activity that you have been advised not to do?

_____yes   _____no

If yes, explain: _____
_____

Are you currently under a doctor's care? _____If yes, please explain: _____
_____

_____

Doctor's name: _____
Address: _____
_____

Doctor's telephone: _____