

AGREEMENT FOR GROUP VOLUNTEER SERVICES

Group Name Type or Print

Telephone Number

Mailing Address

City

State

Zip Code

Name of Authorized Representative Type or Print

____ Profit

____ Not for Profit

List of names of volunteers covered under this agreement: (Attach additional sheet if necessary)

Brief Description of Work to be Performed (Attach additional sheets if necessary)

List Work Schedule (Days of Week, Hours, Duration)

Location Work is to be performed

I UNDERSTAND THAT MY GROUP, IDENTIFIED ABOVE, AND THE INDIVIDUAL MEMBERS OF MY GROUP, ARE NOT EMPLOYEES OF THE CITY OF MAITLAND; ARE ACTING AS UNPAID INDEPENDENT VOLUNTEERS AS SUCH, ARE NOT ENTITLED TO ANY PROVISIONS OF LAW REGARDING DISTRICT EMPLOYMENT, NOR ANY LAWS RELATING TO HOURS OF WORK, RATES OF COMPENSATION, LEAVE TIME OR EMPLOYEE BENEFITS, EXCEPT WORKERS COMPENSATIONS WHILE PERFORMING VOLUNTEER SERVICES AS OUTLINED IN SECTION 440.02 (14)(d)6, FLORIDA STATUTES, AND LIABILITY PROTECTION AS PROVIDED IN SECTION 768.1355, FLORIDA STATUTE. I ALSO UNDERSTAND THAT EACH MEMBER OF MY GROUP MUST COMPLY WITH ALL CITY OF MAITLAND'S RULES AND REGULATIONS.

Signature of Authorized Group Representative

Date

Volunteer Supervisor Signature

Date

