



Mentor/Volunteer Agreement Form

This Agreement is a partnership between you and _____ as part of the Governor's Mentoring Initiative return signed form to: Linda L. Ogle, 4050 Esplanade Way, Suite 280 2.X, 32399-0950, or fax to 922.6549.

Name: _____

Division/Bureau/Section _____

Building/Room Number _____

Work Telephone Number _____

SUNCOM Number _____

FAX Number _____

Name of School/Community Program _____

Activity at School/Community Program _____

NOTE: Employees volunteering for the DMS Mentoring Program may be subject to a background check conducted by FDLE if required by the school or community organization.

I understand and agree that mentoring activities are not performed in the course and scope of my employment with DMS, that my participation is not in any way required by DMS, and that my mentoring activities are for the benefit of the person/entity for whom I am providing services. I further understand that any injury suffered while traveling to or from mentoring activities or while on leave for mentoring activities is not eligible for DMS workers' compensation benefits. It is my responsibility to determine if the organization for which I volunteer provides workers' compensation coverage for me.

When your participation in the DMS Mentoring Program is approved by your supervisor and bureau chief, you will be granted up to one hour of administrative leave per week (up to five hours per month, or 4 hours in aggregate) to participate in the Governor's Mentoring Initiative. In order to volunteer for special events and program at the school, the employee/volunteer also must receive prior approval.

Signature of Volunteer _____

Signature of Immediate Supervisor _____ Title _____

Signature of Bureau Chief/ Division Director _____ Title _____