



**OFFICE OF THE ATTORNEY GENERAL  
STATE OF FLORIDA**

THE CAPITOL  
TALLAHASSEE, FLORIDA 32399-1050

**VOLUNTEER STATEMENT**

I \_\_\_\_\_, hereby understand and acknowledge

**Print Name**

that, serving as a volunteer or intern, I will not be compensated by or be eligible for any benefits, with the exception of Worker's Compensation benefits, with the State of Florida or the Office of the Attorney General for any work performed by me on a voluntary unpaid basis as a volunteer or intern for the Office of the Attorney General, Department of Legal Affairs.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
***TO BE COMPLETED BY HUMAN RESOURCES***

\_\_\_\_\_  
**Section/Unit and Location**

\_\_\_\_\_  
**Start Date**

\_\_\_\_\_  
**End Date**

\_\_\_\_\_  
**Supervisor Name**

☐

**Volunteer**

☐

**Unpaid Intern**