

## VOLUNTEER/TRAINEE POSITION DESCRIPTION

<b>WORK SITE BLDG #</b> 9350 Hamman Ave. Pensacola, FL 32514	<b>WORK SITE ROOM #</b>  N/A	<b>WORK SITE EXTESION #</b>  (850) 475-5438	<b>SUPERVISOR EXT. #</b>  (850) 475-5438
<b>DIVISION:</b> Marine Services Center		<b>DEPARTMENT:</b> Marine Services	
<b>POSITION TITLE:</b>  Marine Services Volunteer		<b>SUPERVISOR:</b>  Steve McLin / Jason Raupp	
<b>MINIMUM HRS PER WEEK</b>  0	<b>MAXIMUM HRS PER WEEK</b>  40	<b>WILL SPECIFIC WORK HOURS BE REQUIRED (X) NO. IF YES, WHICH HOURS?</b>	<b>SPECIFIC DAYS OF THE WEEK REQUIRED? (X) NO. IF YES, WHICH DAYS?</b>
<b>LIST ESSENTIAL JOB TASKS:</b>  Tasks May Include: Boat maintenance, boat handling, scientific diving, snorkeling, working with power tools, data entry, and other duties related to operations at the Marine Services Center.			
<b>LIST NON-ESSENTIAL TASKS:</b>			
<b>LIST ANY TRAINING POSSIBILITIES AVAILABLE IN THIS POSITION:</b>			
<b>DEPARTMENT HEAD: NAME, TITLE , AND SIGNATURE</b>			
<b>SUPERVISOR: NAME, TITLE, AND SIGNATURE</b>			
<b>VOLUNTEER COORDINATOR: NAME AND SIGNATURE</b>			





STATE OF FLORIDA  
 WORKMEN'S COMPENSATION  
 SPECIAL DISABILITY TRUST FUND 440.49 F.S.  
 EMPLOYEE/VOLUNTEER INFORMATION

Chapter 440, Florida Statutes provides for recovery from the Special Disability Trust Fund where an injury merges with a pre-existing permanent physical impairment to cause a greater disability than would have resulted from the injury alone. However, in order to recover from the Special Disability Trust Fund it is required that the State have knowledge of this impairment prior to the occurrence of the compensable injury. In addition to a general category of impairments there are certain specific impairments outlined by the above statutes. Therefore, the following questions are to be answered by each employee and volunteer--as defined in Section 110.501, F.S.

1. Have you ever had a serious illness, injury, or operation? YES\_\_\_\_\_ NO\_\_\_\_\_
2. Have you ever received Workmen's Compensation benefits for an injury? YES\_\_\_\_\_ NO\_\_\_\_\_
3. Do you have or have you ever had any disability rating, either temporary or permanent, assigned to you by an insurance company or governmental agency either Federal, State, County or City? YES\_\_\_\_\_ NO\_\_\_\_\_
4. Do you now have or have you ever had any physical handicap or disability including the following? If so, please check.

- |                    |     |                       |     |                         |     |
|--------------------|-----|-----------------------|-----|-------------------------|-----|
| Epilepsy           | ( ) | Diabetes              | ( ) | Cardiac Disease         | ( ) |
| Cerebral Palsy     | ( ) | Vascular Disorder     | ( ) | Parkinson's Disease     | ( ) |
| Hemophilia         | ( ) | Hyperinsulinism       | ( ) | Muscular Dystrophy      | ( ) |
| Thrombophlebitis   | ( ) | Total Deafness        | ( ) | Mental Retardation      | ( ) |
| Multiple Sclerosis | ( ) | Chronic Osteomyelitis | ( ) | Marie-Strumpell Disease | ( ) |

Have you ever had:

Yes No

- Amputation of foot, leg, arm or hand?
- Total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75% bilaterally?
- Herniated intervertebral disc?
- Surgical removal of an intervertebral disc or spinal fusion?
- Residual disability from poliomyelitis?
- Psychoneurotic, emotional or nervous disorder?
- Ankylosis of major weight-bearing joint?
- Any permanent physical condition, which constitutes a 20% impairment of a member or of the body as a whole?

Explain all YES answers \_\_\_\_\_

SIGNED \_\_\_\_\_  
 Employee/Volunteer

DATE \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_  
 Supervisor

DATE \_\_\_\_\_