BARRON COLLIER COMPANIES

Volunteer Time Off (VTO) Request Form

Employee Name:	
Work Phone:	
Email:	
Community Organization Name:	
Address:	
City/State/Zip:	
Phone:	
Website:	
Tax ID Number:	
Date(s) and Time(s) of VTO Requested: (e.g. 7/26/20, 9AM-Noon)	
Total Number of Hours Requested:	
I will be doing this action with other COMPANY employees, GROUP ACTIVITY ORGANIZED BY:	
Description of volunteer activity you will do:	

This is to acknowledge that I desire to volunteer my services performing duties listed above and that these services rendered by me will be solely at the direction of the organization listed above. I represent that I will not receive any monetary or other compensation by the organization for my time, although I may accept meals provided during my performance of services.

I understand that I am not acting in the course and scope of my employment while utilizing VTO and I agree that I will not be acting as an agent or representative of Barron Collier Companies while engaged in activities eligible for VTO. I agree to hold Barron Collier Companies harmless in the event of any injury or other loss occurring while engaged in any activity for which I am receiving VTO. I further understand and agree that Barron Collier Companies retains the sole discretion to approve or deny my request for VTO.

_____ _____

Employee/Volunteer Signature Date

_____ _____

Supervisor Signature Date

_____ _____

Human Resources Approval Signature Date

Submit to Human Resources when approved.