



City of St. Petersburg, Florida  
Workers' Compensation Notice  
(Pursuant to State of Florida Statutes - Chapters 440)

Only One of the Following (A or B) Applies

**A. You are a volunteer who has been properly authorized by a City department manager to contribute to a City activity or program by volunteering your services.** (only applicable if checked)

Workers' Compensation Details for authorized volunteers: While acting within the scope of your City authorized activities as an unpaid volunteer, you may be covered by Workers' Compensation in accordance with Florida Statute, Chapter 440. As an unpaid volunteer, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your city authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area and to the City's Workers' Compensation and Risk Management offices. (Risk Management 727-892-5265 and Workers' Compensation 727-893-4195) If you do not follow these procedures or do not timely report your injury, you may be denied certain Workers' Compensation benefits.

**B. You are an unpaid student intern who has been properly authorized by a City department manager to receive an educational experience in the City's workplace. Participation as a student intern is at your request, solely to further your own personal education goals.** (only applicable if checked)

Workers' Compensation Details for unpaid student interns in the City's workplace: While acting within the scope of your City authorized unpaid student internship, you may not be covered under the City's Workers' Compensation and are responsible to provide for yourself whatever health or accident insurance coverage or other protections you deem necessary. As a student intern, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your City authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area and to the City's Workers' Compensation and Risk Management offices. (Risk Management 727-892-5265 and Workers' Compensation 727-893-4195)

**I am the parent or legal guardian of \_\_\_\_\_ who is the volunteer or student intern referenced above.** (check if applicable)

I, (printed name of individual or parent/guardian) \_\_\_\_\_, acknowledge by my signature below that I have read and understand the applicable Workers' Compensation details provided above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Department Name: \_\_\_\_\_

Authorizing Manager Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Submit completed form to Human Resources, Employment Office