

**VOLUNTEER APPLICATION AND APPOINTMENT FORM**

Please print clearly, in pen. The top portion is to be completed by the volunteer, the bottom portion is to be completed by the approving department. All fields must be filled out. Incomplete forms will be returned to the department.

<b>CAMPUS ID #</b>			
<b>NAME:</b>	_____	_____	_____
	Last	First	MI
<b>ADDRESS:</b>	_____		
	Street	City	Zip
<b>PHONE #:</b>	(____) _____		
<b>EMAIL:</b>			
<b>EMERGENCY CONTACT:</b>	_____	(____)	_____
	Name	Phone	
<b>ARE YOU UNDER THE AGE OF 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES PROVIDE BIRTHDATE</b> _____			

<b>DEPARTMENT:</b>			
<b>EFFECTIVE DATE:</b>		<b>END DATE:</b>	(not to exceed 1 year)
<b>SUPERVISOR:</b>	_____		_____
	Name	Phone Extension	
<b>SUMMARY OF ASSIGNMENT:</b>			
<b>WILL VOLUNTEER BE WORKING WITH MINORS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>WILL VOLUNTEER NEED TO DRIVE A VEHICLE ON UNIVERSITY BUSINESS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>WILL VOLUNTEER NEED TO TRAVEL ON UNIVERSITY BUSINESS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

\_\_\_\_\_  
Signature of Volunteer \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head or Dean Approval \_\_\_\_\_  
Date