

**VOLUNTEER APPLICATION AND APPOINTMENT FORM**

<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 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/Dean Approval

\_\_\_\_\_  
Date