

VOLUNTEER APPLICATION AND APPOINTMENT FORM

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

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