**VOLUNTEER INFORMATION FORM**

Volunteers provide essential services to many programs and projects and we wish to welcome you as valued members of the campus community.

We need available information concerning your volunteer activities. This includes information regarding who to contact in case of emergency, the kind of service you are performing, and the number of hours you volunteer. This form will allow you to identify your “Emergency Contact” and the kind of service you perform. In addition, you will receive a “Volunteer Time Record” sheet on which you may keep track of the hours you work. We ask that you record your hours and return the time record sheet to your supervisor at the end of your appointment, or, if you are an on-going volunteer, at the end of each quarter. If you will be volunteering for more than one year, you will be required to complete new volunteer paperwork each year.

We would like to thank you for your cooperation and hope that you find your volunteer services to the University community very rewarding.

|  |  |  |
| --- | --- | --- |
| Volunteer’s Name | Home Phone | Email Address (personal) |
| Current Address (Street) | City, State, Zip Code |  |
| Permanent Address (Street) | City, State, Zip Code |  |
| Emergency Contact Person (Name) | Relationship | Contact Phone |
| Contact Address (Street) | City, State, Zip Code |  |

Are you a current employee of the University? Yes No

If yes, who is the employer and where do you work?

**This is to certify that I desire to volunteer my services and acknowledge that I will not be compensated for these services. I also understand that, as a volunteer, I am not covered under employee benefit programs including workers’ compensation. I understand that I serve at the needs of my Director/Supervisor.**

Description of Duties of Volunteer:

Will the volunteer be required to drive two or more times per week? Yes No

Projected Hours of Service per Week: Start Date: End Date: (cannot exceed one year) Will the volunteer require an email exchange account? Yes No If yes, please provide your Social Security Number and University ID. SSN: *and if applicable,* University ID:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | (Volunteer’s Signature) |  |  |  | (Date) |  |
| (Project Director’s Signature) |  |  |  | (Date) |  |
| (Project Name) |  |  |  | (Project Number) |  |
|  |  |  |  |  |  |  |
|  | Sponsored Programs Signature | Date |  |  | Admin Signature Date |  |