

**VOLUNTEER POSITION AND RESPONSIBILITIES FORM**

Volunteer's Name:

Department/Organization:

Volunteer Position

Volunteer Position/Job Duties Summary

Volunteer Supervisor's Name:

I, \_\_\_\_\_, hereby acknowledge that I wish to volunteer my services for the above listed department or organization, performing the duties as described more fully above. I understand that as a condition of my volunteer participation, I am required to comply with all University rules, regulations, policies, and procedures in addition all state and federal law. I understand that this is strictly a volunteer position, and that either I or the University may terminate this volunteer position at any time.

\_\_\_\_\_  
*Volunteer's Name (please print)*

\_\_\_\_\_  
*Volunteer's Signature*

\_\_\_\_\_  
*Date*

APPROVED BY:

\_\_\_\_\_  
*Volunteer Supervisor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Head's Signature*

\_\_\_\_\_  
*Date*

***All volunteers submitting this form must also submit the Volunteer Application and the Volunteer Release and Indemnification forms.***

***Note: Modification of this Form requires approval of OGC***