

VOLUNTEER APPLICATION

Volunteer Applicant's Name _____ Date _____

Address: (Street) _____ (City) _____ (Zip Code) _____

Telephone _____ Cell Phone _____ Birth Date ____/____/____

E-Mail Address _____

Emergency Contact Name _____ Relationship _____ Telephone Number _____

Please list your primary care physician, if any: _____

Have you ever been convicted of any type of crime, not including traffic-related incidents? _____

Are you over the age of 18 years of age? _____

Do you have any health concerns, or any health related issues that may prohibit you from performing certain tasks or duties? _____ If yes, please explain to the best of your ability.

I certify that the responses given to the questions provided above are correct and without omission to the best of my knowledge. I understand that I am applying for a volunteer position and that I will not be paid for any services that I provide as a volunteer. I also understand that this application does not guarantee that I will be chosen for a volunteer position. I certify that I have read, understand, and will abide by all applicable University policies and procedures.

Volunteer's Name (please print)

Volunteer's Signature

Date

APPROVED BY:

Department Head's Signature

Date

All volunteers must submit this form along with the Volunteer Release and Indemnification Agreement, and the Volunteer Position and Responsibilities forms. Students must submit a Student Volunteer Release and Indemnification Agreement. Volunteers under the age of 18 must also submit a Minor Volunteer Parent or Legal Guardian Consent form.

Note: Modification of this Form requires approval of OGC