



VOLUNTEER REGISTER FORM

(This section is to be completed by the volunteer)

NAME: _____

STREET ADDRESS:

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ ALTERNATE TELEPHONE _____

ARE YOU OVER THE AGE OF 18? Yes No

STUDENT STATUS: Not Applicable Undergraduate Graduate

IF STUDENT: Name of student's school _____

Is work performed related to coursework at that school? Yes No

IN CASE OF EMERGENCY, CONTACT: _____

Day Telephone _____ Evening Telephone _____

VOLUNTEER STATEMENT

I understand that the above described volunteer service will be uncompensated (except for per diem, where applicable). I understand that either I or the University may terminate this relationship at any time without notice. I agree to abide by all rules and regulations of the University.

Signature of Volunteer _____
Date

Signature of Witness _____
Date

(This section to be completed by Project/Program Supervisor or Research Director)

DEPARTMENT: _____

PROJECT/PROGRAM
LOCATION: _____

ON-SITE TELEPHONE: _____

PROJECT/PROGRAM
SUPERVISOR: _____ TELEPHONE _____

BRIEF DESCRIPTION OF PROJECT/PROGRAM TASKS:

DURATION OF PROJECT/PROGRAM: Beginning _____ Ending _____

VOLUNTEER SCHEDULE (*i.e., approximately 10 hours per week; as needed/available; for the duration of the project; etc.*):

Signature of Project/Program Supervisor: _____

Date: _____

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