PRINT

DOCUMENTATION ON UNIVERSITY VOLUNTEERS

Event: _____ Dates: _____

(This form should be utilized by departments using volunteers for events lasting less than one week. This form may not be used if minors will be used as volunteers or events where minors will be participants.

Volunteer's Name	Signature	Activity

Authorizing Chair/Dean/Department Head (Print Name):_____Department:_____

Volunteer Supervisor (Print Name):_____ Volunteer Supervisor (Signature):_____

Notes:

Retain copy for 5 years after the volunteer work.

This form can't be used for minors nor events involving minors.

Revised March 2018