

The top portion is to be completed by the volunteer, the bottom portion is to be completed by the approving supervisor/project director. All fields must be filled out electronically. Incomplete forms will be returned to the supervisor/project director. A Photo ID will be required of all volunteers in order to verify identity.

VOLUNTEER INFORMATION

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last	First	M.I.

Home Address

Street

<input type="text"/>	<input type="text"/>
Phone Number	E-mail

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

Are you under the age of 18? Yes No

If yes, provide date of birth:

Emergency Contact

<input type="text"/>	<input type="text"/>
First and Last Name	Phone Number

GRANT/DEPARTMENT INFORMATION

Name of Grant and/or Department

Dates

<input type="text"/>	<input type="text"/>
Start Date	End Date

Will volunteer be working with or access a facility with minors? Yes No

Will volunteer need to drive a vehicle on Foundation business? Yes No

Supervisor

<input type="text"/>	<input type="text"/>
Name	Extension

Will volunteer need to travel on Foundation business? Yes No

Supervisor E-mail

Summary of assignment

ACKNOWLEDGEMENT AND SIGNATURES

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and the services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

<input type="text"/>	<input type="text"/>
Volunteer	Date

<input type="text"/>	<input type="text"/>
Supervisor Approval	Date

<input type="text"/>	<input type="text"/>
Project Director/Manager Approval (if different than supervisor)	Date

<input type="text"/>	<input type="text"/>
Director of Human Resources and Payroll Approval	Date