



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. Volunteers MUST complete the Foundation's Self-Certification of COVID-19 Vaccination Status Form and COVID-19 Acknowledgement form.

**VOLUNTEER INFORMATION**

Name

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Last First M.I.

Home Address

\_\_\_\_\_

Street

\_\_\_\_\_|\_\_\_\_\_

Phone Number E-mail

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

City State Zip

Are you under the age of 18?  Yes  No

If yes, provide date of birth: \_\_\_\_\_

Emergency Contact

\_\_\_\_\_|\_\_\_\_\_

First and Last Name Phone Number

**GRANT/DEPARTMENT INFORMATION**

Name of Grant and/or Department

\_\_\_\_\_

Dates

\_\_\_\_\_|\_\_\_\_\_

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

\_\_\_\_\_|\_\_\_\_\_

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.

\_\_\_\_\_|\_\_\_\_\_

Volunteer Date

\_\_\_\_\_|\_\_\_\_\_

Supervisor Approval Date

\_\_\_\_\_|\_\_\_\_\_

Project Director/Manager Approval (if different than supervisor) Date

\_\_\_\_\_|\_\_\_\_\_

Director of Human Resources and Payroll Approval Date