



Volunteer Authorization Form

Complete and forward to Human Resources, mail code G-3

Please note: Volunteer cannot begin assignment until processed and cleared by Human Resources

VOLUNTEER INFORMATION:

PRINT NAME: _____ SIGNATURE: _____

ADDRESS: _____ CITY _____ ZIP CODE _____

EMAIL: _____ PHONE NUMBER(S): _____

SERVICE TO BE PERFORMED BY VOLUNTEER:

EXPECTED DATES OF SERVICE: FROM ___/___/___ TO ___/___/___

FOR APPROX. _____ HOURS PER DAY WEEK MONTH

ALL FIELDS MUST BE COMPLETED

REQUESTED BY:

PRINT NAME: _____ SIGNATURE: _____

DEPARTMENT: _____ EXT. _____ EMAIL: _____

APPROVED BY DEAN/DIRECTOR:

PRINT NAME: _____ SIGNATURE: _____

DEPARTMENT: _____ EXT. _____ EMAIL: _____

Human Resources use only

Processed/cleared (date) _____ by (signature) _____

print name: _____