

VOLUNTEER AGREEMENT

SECTION I – VOLUNTEER INFORMATION

Name: _____ Social Security #: _____

Date of Birth*: _____ Phone #: _____ Driver's License #: _____

**Attach proof of age if volunteer is under the age of 18*

Home Address: _____
Street City State Zip

In case of emergency, please contact:

Name Relationship Phone Number

Name Relationship Phone Number

As a volunteer, I agree to abide by all applicable rules and regulation of the UCCSN, UNLV, and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this agreement at any time without prior notice.

_____ I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.

_____ I have read a copy of the volunteer assignment description form and I request the following accommodation(s) to complete these tasks: _____

Volunteer's Signature: _____ **Date:** _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the UCCSN. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf

Parent/Guardian: _____
Print Name Signature Date

SECTION II – TO BE COMPLETED BY SUPERVISOR/DEPARTMENT VOLUNTEER CONTACT

Department where the volunteer will work: _____

Department Account number: _____

Supervisor responsible for volunteer's work: _____

Supervisor's Phone #: _____

Work will begin on: _____ and end on: _____

Supervisor's Signature: _____ Date: _____

** Please attach a copy of the Volunteer Assignment Description form prior to submitting this form to the Workers Compensation Office at Mailstop 1026. If you have questions regarding this form or other issues regarding Workers Compensation, please call Pat La Putt, Workers Compensation Coordinator at 895-3958.*