

VOLUNTEER SERVICE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number _____ - _____ - _____

Phone Number: (____) _____ (____) _____
Home Work

Emergency Contact Name: _____

Emergency Contact Phone Number: (____) _____

This is to acknowledge that I desire to volunteer my services as outline below.

Description of Volunteer Services: _____

Department where volunteer services will be performed: _____

Date volunteer services to start: _____ End date: _____

Number of hours expected to volunteer per week: _____

Sample hourly pay rate IF volunteer were to be paid \$ _____

I understand that I am not a University Enterprises, Inc., employee, and will receive no compensation for my services. I also understand and agree to hold University Enterprises Inc., harmless of any and all injuries that I might sustain in the course of my volunteer services. I understand I am covered on the UEI Workers' Compensation policy.

Volunteer operating a vehicle: If the volunteer service require the volunteer to operate a University Enterprises, Inc., vehicle, a rental vehicle or their personal vehicle to conduct business, the volunteer must be cleared by the University Enterprises, Inc., Risk Management department (refer to "Proof of Insurance" information on web site for further instructions).

Volunteer Signature

Date

Manager/Project Manager Signature

Date