Your campus:		Your department:
Department contact (your name):		Your title:
Your phone:		Your email:
		Name of volunteer:
Address of volunteer:		
Name of UA employee(s) who will directly supervis	e volunteer:	Job Title(s) of UA empbyee(s)
Location(s) of volunteer service		Dates and times of volunteer service:
Specific tasks and duties to be assigned to volunte	er:	
Is Volunteer a university employee? No	es Current Position:	Current Dept:
y	Initial that:	Volunteer services will not be the same type of services as those performed

CHECK "NO" OR "YES" BELOW.

1.	Is Volunteer under the age of 18?	No	Yes	Written permission must be received fr@ampusRisk Management and from a parent or legalrojiaan. ContactCampusRisk Management to obtain this form.
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2. Volunteers may not transport groups, students, minors, or non