

# RECORD OF VOLUNTEER SERVICE

## Section 1 - VOLUNTEER INFORMATION

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(Attach proof of age if volunteer is under the age of 18)*

Home Address: \_\_\_\_\_  
*Street City State Zip*

Mailing Address *(if different from above)*: \_\_\_\_\_  
*Street City State Zip*

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

As a volunteer, I agree to abide by all applicable rules and regulations of Southern Illinois University and guidelines of this unit/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 I am not covered by the State of Illinois Self-Insured Workers' Compensation Program. I further understand and agree that the University shall not be responsible for any injuries to me or damages to my property that may occur in the course of the volunteer service. I agree to indemnify and hold the University harmless to the extent permitted by law for any such injuries or damages. I further understand the University may terminate this agreement at any time without prior notice.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete only if volunteer is under 18 years of age:

As parent/guardian of \_\_\_\_\_, I grant my permission for him/her to participate as an unpaid volunteer for Southern Illinois University. I further acknowledge that I have completed an Authorization for Treatment form on his/her behalf.

Parent/Guardian: \_\_\_\_\_  
*Print Name Signature Date*

## Section 2 - To Be Completed by Supervisor

Department where volunteer will provide service: \_\_\_\_\_

Supervisor responsible for volunteer: \_\_\_\_\_  
*Name and Title*

Supervisor's Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please describe the services the volunteer is expected to perform:

Volunteer's qualifications to perform this service: \_\_\_\_\_

Volunteer service will begin \_\_\_\_\_ and end \_\_\_\_\_

Volunteer's references: \_\_\_\_\_  
*(if utilized)*

<i>Name</i>	<i>Relationship to Volunteer</i>	<i>Phone #</i>
_____	_____	_____
_____	_____	_____

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form should be maintained by the unit organizing the event for three years.*