

Saluki Volunteer Corps

Individual Community Service Documentation

Student Name (please print):	Dawg Tag Number:
Phone Number:	Email:
Registered Student Organization:	

Name of Service Project:	
Service Date(s):	
Total Volunteer Hours:	
Description of Service Activity:	Hours must be turned in within 2 weeks of completion of service

I understand I am volunteering for the Community Agency listed below. As a volunteer, I agree to abide by all applicable rules and regulations of Southern Illinois University and the community agency. I agree 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. I also understand that I am not covered by the state of Illinois Self-Insured Worker's Compensation Program. I have personal insurance in the event of accidents or injuries sustained in the course of volunteering. 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.

Volunteer Signature:	Date:
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Signature of Community Agency Supervisor & Phone Number:	Date:
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