

Full Name (please print)	Email	Number of Hours

Description of Service Activity (must be completed to receive credit):

I understand I am volunteering for the Community Organization listed below. As a volunteer, I agree to abide by all applicable rules and regulations of Southern Illinois University and the community organization. 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 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.

Name of Community Agency, Supervisor and phone number
Signature of Supervisor and Date

Submit this form within two weeks of the service project.
Drop it off at Office 495 of the Student Services Building or email volunteer@siu.edu.