



Student Volunteer Information Sheet

Name: _____ Phone #: _____

Emergency Contact : _____ Phone #: _____

Desired Start Date: _____

Division/Department: _____

The Following must be sent to HR Before a person can begin volunteering:

_____ Student Volunteer Application

_____ Student Volunteer Orientation

_____ Student Volunteer Job Description

_____ Copy of Driver's License, State ID or Student ID

Director Signature: _____

Notes:
