



# Volunteer Information Form

## Section A To be Completed by Volunteer

Volunteer Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Are you over the age of 18? ☐ Yes ☐ No Are you in the United States on a visa? ☐ Yes ☐ No

UC Student Status: ☐ Graduate ☐ Undergraduate ☐ Not Applicable

In Case of Emergency Contact \_\_\_\_\_  
Name Relationship to Volunteer

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Signature of Volunteer

Date of Signature

If Volunteer is under 18 years of age, his/her parent/guardian must sign in the space below.

Parent/Guardian statement: As the parent/guardian I grant permission for the above minor to volunteer.

Signature of Parent/Guardian

Date of Signature

## Section B To be Completed by Supervisor

Duration of Volunteer Activity Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Number of Hours Per Week \_\_\_\_\_ Location of Volunteer Activity \_\_\_\_\_

Description of Volunteer Duties

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	List requirements for the assignment	Completion Date
Training:		
Protective Equipment:		
Criminal Background Check:		
Other:		

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Form Routing: Supervisor (original) and cc: Volunteer, Risk Services and Human Resources**