

## **VOLUNTEER APPOINTMENT FORM**

Volunteer's Na	me:		S	S#:	
Are you 18 yrs.	of age o	or older? 🗌 Ye	s, 🗌 No. If No	, provide birt	h date?
U.S. Citizen?	] Yes, □	No. If No, wha	t visa are you	on?	
Address:					
Tel. #:			E-mail:		
Whom to Notify					
Name:		•	Relation:		
Address:					
Tel. #:			E-mail:		
This is to acknow	 owledge	that I desire to	volunteer my	services in	
outlined in the  * Attach brief outlines of  I will render such	of the volunte	eer's tasks and require	ed qualifications (HR	Position Title	sition – see below)
		Name(s) of Supervi	sor(s)		
It is understood	that I w	ill not be comp	ensated for tl	nese services	i <b>.</b>
Volunteer's Signature/	Date		_		
Supervisor's/Manager'	s Signature/	Date	_		
Please note that e supervisor on the and submit form to	16 <sup>th</sup> & the	last day of each n			
For HR Use:	Effective	e Dates of App	ointments: (vo	lunteers may be app	pointed indefinitely)
From:		/20	To:		/20
Job Classification:			Job Hourly Rate:		