

EMERGENCY CONTACTS

1. Contact Name: _____

Phone: _____ Relationship: _____

2. Contact Name: _____

Phone: _____ Relationship: _____

REFERENCE CONTACTS

1. Personal Reference: _____

Phone: _____ Email: _____

2. Professional or work-related: _____

Phone: _____ Email: _____

I certify that all information provided by me in this Volunteer Registration form is true and complete. I authorize Florida Atlantic University to conduct any investigation with respect to my application and release the University, my former employers, and references from any liability from damage caused by giving or receiving information about me.

Applicant Signature: _____

Date: _____

Section 2: TO BE COMPLETED BY THE SUPERVISOR

Department where volunteer will work: _____

Supervisor responsible for volunteer's work: _____

Print Name and Title

Supervisor's Phone #: _____

Please describe the work the Volunteer is expected to perform: _____

Volunteer's qualifications to perform this work: _____

Volunteer work will begin on _____ and end _____

A background check request has been submitted and approved for Category One Volunteers

Yes No

Email background check requests to empl@fau.edu. Include Volunteer's name, phone number, nature of appointment (Volunteer appointment), email address, and department index number.

Supervisor's Signature: _____ **Date:** _____

Original: Retain in Department

Copy: Weppner Center for Civic Engagement & Service