

**Volunteer biographical information (required)**

Volunteer Name	_____		
Other Previous Names	_____		
Address	_____		
City	State	Country	Zip
_____	_____	_____	_____
Phone	Email	_____	
_____	_____	_____	
In case of emergency, who should we contact?			
_____			
Emergency Contact Phone 1	_____	Emergency Contact Phone 2	_____

**Volunteer role and event details (required)**

Describe the role of the volunteer and activity or event details			
_____			
Start Date	End Date	Department	_____
_____	_____	_____	_____
Location of Volunteer Activity			
_____			
Name of Volunteer Sponsor	_____	Dept Org #	_____

**Request for campus privileges (skip to authorization if not applicable).**

Will the volunteer receive reimbursement for any allowable expenditure? (yes/no)		_____
Does the volunteer need a login in order to work on a College computer? (yes/no)		_____
Will the volunteer receive a payment? (yes/no)	_____	If you intend to make a payment, HR must authorize the amount in advance to ensure that it does not create an employment relationship.
If payment is requested complete items below:		
1. Determine citizenship status (US, Non-US or legal permanent resident)	_____	
2. Date of Birth	_____	

**Required information for volunteers on campus for a semester or more (skip to authorization if not applicable).**

<b><i>Volunteers on campus for a semester or more will be issued a Courtesy Card. Contact Human Resources with any questions about eligibility.</i></b>	
Reference checks are required. Please list the names of the references checked:	
_____	
Volunteers must be provided with appropriate instructions in safety procedures and emergency protocols. Please list the name of the staff person who provided this instruction and the date the training was provided.	
Name	Date
_____	_____

**Proceed to page 2 for signatures**

Volunteer Last Name \_\_\_\_\_

**Authorization Signatures**

**Required for all volunteers**

Sponsor \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**Volunteer should read statement below and sign**

I understand that as a volunteer for The President and Fellows of Middlebury College, hereafter Middlebury, I am expected to follow Middlebury's policies, procedures and practices that not only relate to my role in the above noted activity or event but also as a volunteer representative of the institution. My sponsor has directed me to the appropriate employee handbook for the relevant policies, but I understand that it is my responsibility to read and become familiar with the information. I also understand that I may not drive Middlebury vehicles. Furthermore, the arrangements contemplated by this agreement shall not be deemed to constitute a partnership or joint venture, and I understand that I am not covered by any employee benefit program maintained by Middlebury including, but not limited to, health insurance and worker's compensation benefits.

Volunteer \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**Required for volunteers on campus for a semester or more.**

Department _____ Head Name _____	
Department _____ Head _____ Signature _____	Date _____

**For HR/Controller's Office Use ONLY**

Reviewed by _____	Date _____
Action: <input type="checkbox"/> Retain HR for records only <input type="checkbox"/> A/P <input type="checkbox"/> Courtesy Account <input type="checkbox"/> Courtesy Card	
Banner ID _____ ( if applicable) _____	Created By _____ Date _____
<input type="checkbox"/> Return all original documents to HR for centralized filing.	