



University of North Carolina Wilmington

Form HR 1.80 (9/92)

**The University of North Carolina at Wilmington
STATEMENT OF VOLUNTARY SERVICE**

Volunteer Name: _____

Address: _____

Telephone: _____

Department Where Voluntary Services Will be Provided: _____

Description of Voluntary Services: _____

Expected Duration of Voluntary Service:

From: _____ To: _____

My signature below indicates that I have volunteered to perform the duties described above for the University of North Carolina at Wilmington. I acknowledge that, as a volunteer, my services are provided without promise or expectation of compensation or other material benefits. I undertake these voluntary services at my own risk and acknowledge that I am not covered by workers' compensation or university-sponsored health insurance.

Individual Volunteering Services

UNCW Official
Accepting Voluntary Services

Date

Date

Forward completed form to Human Resources