



# Volunteer Service Application

Directions: Please complete all pages, even if resume is attached, and forward a copy to Human Resources.

## GENERAL

Today's Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Last)	(First)	(Middle)

Present Address:

Day Phone with Area Code:   
Evening Phone with Area Code:

Are you eligible to work in the U.S. for the duration of the Volunteer assignment? Yes  No   
(U.S. Citizen, Permanent Resident, or Appropriate Visa):

Are you at least 18 years old? Yes  No\*

\* If the answer is NO, please see the Legal Guardian signature needed below.

Have you ever volunteered for UNCW? Yes  No

If yes, indicate dates, department and contact name:

## EMERGENCY

Emergency Contact Name:	<input type="text"/>
Relationship to You:	<input type="text"/>
Phone Number(s):	<input type="text"/>

## REFERENCES

Name	Relationship	E-Mail Address	Phone Number
1.			
2.			
3.			

## RELEVANT EDUCATION AND TRAINING

## VOLUNTEER SERVICE INFORMATION (to be completed by Department)

UNCW Department:	<input type="text"/>		
Department Contact Name & Phone Number:	<input type="text"/>		
Start Date: <input type="text"/>	End Date: <input type="text"/>	Est. Hours Per Week:	<input type="text"/>

Does this volunteer role involve unsupervised contact with students or minors? Yes\*  No

\*If the answer is YES, a criminal background check must be conducted prior to commencement of volunteer service.



# Volunteer Service Application

Describe Volunteer Role/Activity:

1.
2.
3.
4.


Department Sponsor (Print/sign name and title)

Date


Department Head/Chair (Print name)

Date

## SIGNATURES – STATEMENT OF AGREEMENT & RELEASE

1. I understand and agree that my volunteer service is in no way an offer of or employment by UNC Wilmington and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release UNC Wilmington from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent or employee of UNC Wilmington.
2. I understand that as a University Volunteer, UNC Wilmington does not provide me with accident or medical insurance and is therefore not responsible for any accident or medical expenses incurred by me. Further I understand that I am not entitled to employee benefits as a result of my University Volunteer affiliation.
3. I agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that UNC Wilmington may terminate my volunteer service at any time, with or without cause.
4. I understand that during my volunteer service, I may have access to, or my observe, certain information that is proprietary to UNC Wilmington and I hereby agree not to disclose, discuss or reveal any such information to parties outside of UNC Wilmington and to keep any University records or files confidential.
5. Volunteers enrolled in services to state agencies are recognized to be covered under Articles 31 and 31A of Chapter 143 of the North Carolina General Statutes, governing Tort Claims against State Departments and Agencies and the Defense of State Employees Act. Volunteers enrolled in such services to state agencies, however, are not entitled to benefits under Chapter 97 of the North Carolina General Statutes, The Worker Compensation Act. A volunteer shall remain fully responsible for acts and omissions outside the scope of his or her volunteer services.
6. I have read and understood this Volunteer Services Application and Statement of Agreement & Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all applicable policies and regulations of UNC Wilmington.

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Volunteer Signature

Date

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Legal Guardian Signature (if Volunteer is under 18 years of age)

Date

Print Name if Legal Guardian:

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