

Notice of Voluntary Services

Volunteer Information

▶ *This section to be completed by the volunteer. Provide your UTA ID, if applicable.*

Last Name _____ First Name _____ MI _____

Home Address _____ City, State _____ Zip _____

Phone Number _____ Email Address _____

Date of Birth (MM/DD/YY) _____ UTA ID _____

Emergency Contact Name _____

Relationship to Volunteer _____ Phone Number _____

Volunteer Acknowledgement of Services without Salary

▶ *This section to be completed by the volunteer.*

I attest that I am providing services to The University of Texas at Arlington (UTA) for the purposes stated in the Volunteer Service Details section on page 2 of this document.

I understand that I am not an employee of UTA, that I will receive no compensation from UTA for my services, and that I am not eligible for benefits (including Worker's Compensation Insurance) through UTA.

Volunteer Signature _____ Date _____

▶ *A parent or legal guardian must sign below if the volunteer is under 18.*

Volunteer date of birth (MM/DD/YY): _____

Parent or Legal Guardian Signature _____ Date _____

Volunteer Service Details

▶ *This section to be completed by the department.*

List the volunteer's primary duties or the type of volunteer service to be performed.

Will the volunteer work in a laboratory environment? Yes No

List the expected dates of volunteer service. From _____ to _____

▶ *A new form is required if the volunteer is appointed beyond the current fiscal year.*

Estimate the number of hours worked per week. _____

Department Information

▶ *This section to be completed by the department. In addition to this form departments must submit identification documents and criminal background check results.*

Department Name _____ Department Location _____

Department Contact Person _____ Phone Number _____

Name of Supervisor or Department Chair _____

Name of Next Level, Manager or Dean _____

Department Approvals

▶ *This section to be completed by the department.*

Supervisor or Department Chair Signature _____ Date _____

Next Level Approval, Manager, or Dean Signature _____ Date _____

▶ *Return this form to volunteer@uta.edu. Your request must be approved before you can begin volunteering.*