

## 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 \_\_\_\_\_