

**UNIVERSITY OF NEBRASKA-OMAHA
NON-FACULTY VOLUNTEER FORM**

Unit/Department: _____ Effective Date: _____

Department Location: _____ Department Phone: _____

Name: _____ Birth date: _____
(Last, First, Middle)

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ M _____ F _____

Emergency Contact: _____ Relationship _____ Phone _____

Physician's Name (optional): _____ Phone: _____

Education: High School _____ 1-4 College _____ Graduate/Professional _____

Have you ever been convicted of a felony? Yes _____ No _____ (If yes, please attach explanation)

BRIEF DESCRIPTION OF ASSIGNED RESPONSIBILITIES:

Days and Hours Assigned							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Supervisor Name: _____ Extension: _____ Title: _____

VOLUNTEER STATEMENT: I wish to donate my services to UNO and understand there is no payment for the services rendered under the volunteer program of the University of Nebraska Omaha. I understand that photographs may be taken of me from time to time for its publications or other uses. I agree to abide by the rules, regulations, and policies of UNO. I understand that if I do not abide by UNO rules, regulations, or policies, it could result in legal action and I will be terminated from volunteering at UNO. Under the volunteer program I am ineligible for workers compensation. I assume the risk and expense of any work related injuries during my volunteer service. I understand this form is not an application nor will it be used for screening purposes.

Volunteer Signature Date

Authorized Departmental Signature

Parental Consent (if under 18 years) Date

Termination Date _____ Reason: _____

Send signed original to UNO Human Resources. A copy is to be kept on file in the originating department. Please create a PAF & PDF for each volunteer. Questions regarding volunteer position numbers should be directed to Jenni Rock, Budget Assistant, 4-3151.