

**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.*