

Volunteer Service Information:

Department:

Volunteer Service Begin Date:

End Date:

Volunteer's Information:

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip:

Date of Birth:

Phone #:

Email Address:

Has volunteer ever been convicted of a crime If yes, explain & list date(s):  
other than a minor traffic violation?

Circle One: YES NO

Emergency Contact Information:

Name:

Relationship:

Phone #:

As a volunteer, I understand that I will not receive any compensation or benefits from Middle Georgia State for my participation in the duties outlined above. I understand that the nature of the duties may involve inherent risks, and in the event that I incur injuries/damages to my person/property, I agree to hold MG harmless from all claims or judgments for any such injuries/damages resulting from my participation in volunteer activities. I have read and agree to abide by all provisions of the MG Volunteer Policy during the course of my volunteer service whether on or off the MG campuses. As a volunteer, I understand that MG or I have the right to terminate my volunteer relationship at any time, for any reason, and without advance notice. Being aware of the terms and conditions of this agreement, I am signing this agreement of my own free will.

Volunteer's Signature

Date

For HR Use:

Background Check Results:

Approved:

Denied:

Printed Name:

Signature:

Date: