

COLLEGE OF THE ENVIRONMENT VOLUNTEER SERVICE AGREEMENT

SECTION I: VOLUNTEER INFORMATION (to be completed by volunteer)						
Volunteer's Last Name:		First Name:	First Name:		e Name:	Date of Birth:
Volunteer's Street Address:		City:	City:		State:	Zip:
Phone Number:	E	nail:		Emergency Contact	Name:	Emergency Contact Phone Number:
Are you employed at the UW If yes, provide department, p			cription of duties & 1	responsibilities:		
Disclaimer: I understand that my volunteer service is unpaid and I do not expect a paid position in the future or any other tangible benefit in return						
for my volunteer service. I further understand that the College of the Environment may terminate this agreement at any time without prior notice.						
Volunteer's Signature: Date:						
SECTION II: VOLUNTEER WORK DETAILS (to be completed by supervisor)						
Volunteer Start Date: End Date: Supervisor(s) Responsible for Volunteer:						
Supervisor Phone:	Supervisor Email:		Unit(s)/Project(s) where volunteer will provide service:			
Description of duties & responsibilities of the volunteer:						
As the supervisor to the volu authorized to serve based on						
Supervisor Signature:			Date:			
SECTION III	· VOLUNTI	EED WODK S	TATIIC IN II C	to be comple	tod only if the	volunteer is a visa holder)
3ECTION III	. VOLUIVII	EER WORK 3	TATUS IIV U.S	• (to be comple	ted Offiy II tile	volunteer is a visa noider)
I understand that perform negatively affect the visa l	holder's status.		to perform volunt	•		
Volunteer's Signature: Date:						

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