

Section A To be Completed by Volunteer

Volunteer Name _____ Contact Phone _____

Volunteer Address _____ Date of Birth _____

Email Address _____ Volunteer Program _____

In Case of Emergency Contact _____
Name Relationship to Volunteer

Day Phone _____ **Evening Phone** _____

Are you over the age of 18? Yes No Are you in the United States on a visa? Yes No

UC Student Status: Graduate Undergraduate Not Applicable

Volunteer Signature: _____ **Date:** _____

If Volunteer is under 18 years of age, his/her parent/guardian must sign in the space below.

Parent/Guardian statement: As the parent/guardian I grant permission for the above minor to volunteer.

Parent/Guardian Signature: _____ **Date:** _____

Section B To be Completed by Supervisor

UC ANR Location (UCCE office, REC, etc.): _____

Duration of Volunteer Activity: Begin Date _____ End Date: _____

Number of Hours per Week: _____ Location of Volunteer Activity: _____

Criminal History Check required: Yes No (If working with youth, fingerprinting is mandatory)

Description of Volunteer Duties:

Required Training:

Protective Equipment:

Supervisor Name: _____ **Email:** _____

Supervisor Signature: _____ **Date:** _____