

VOLUNTEER
AGREEMENT

Date of Birth: <i>Attach proof of age if volunteer is under the age of 18</i>	
In case of emergency, please contact: <i>Name of relationship and phone number</i>	

As a volunteer, I agree to abide by all applicable rules and regulation of the NSHE and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may

physically able to complete the tasks listed.

_____ I have read a copy of the volunteer assignment description form and I request the following accommodation(s) to complete these tasks:

and Date:

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the NSHE. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf

Parent/Guardian Signature (print name and signature and date):

**SECTION II TO BE COMPLETED BY THE SUPERVISOR/DEPARTMENT
VOLUNTEER CONTACT**