



Lake Superior College Volunteer Form

Volunteer Details

Name:

Date of Request:

Phone:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

Supervisor / Lead Faculty Member

Name:

Department:

Volunteer Start Date:

Volunteer End Date:

Badge Created

☐ No

☐ Yes Date: _____

Volunteers

Expected Schedule: ☐ M ☐ T ☐ W ☐ TH ☐ F

Expected Hours:

Description of Volunteer Services to Be Performed:

Attach Resume or describe Degree, certificate, license, or training/experience applicable to this volunteer opportunity (if applicable):

Signatures & Acknowledgment

I have reviewed this form and acknowledge these are the expected terms for this volunteer assignment. I understand that the terms may be changed by oral or written agreement between the parties, but that the Volunteer Agreement and Release may only be changed through an amended agreement approved by the Vice President of the Department (or designee). I certify that I seek a volunteer appointment at LSC and have been truthful in the information provided on this form. I have reviewed this form and acknowledge these are the expected terms for my volunteer assignment.

Volunteer Name (Print):

Signature:

Date:

Vice President (or designee):

Signature:

Date

This form is for volunteers and/or non-faculty coaches.

The Vice President shall send this original signed form and the signed Volunteer Agreement and Release to the Executive Human Resources Officer.