



VOLUNTEER SERVICE APPLICATION

General

Name: _____
(Prefix) (First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Email Address: _____
Social Security Number: _____ Date of Birth: _____

University Affiliation

- Are you currently employed at Eastern Kentucky University?
 Yes No
- Have you ever volunteered at Eastern Kentucky University?
 Yes No If yes, when _____
Dept. & Supervisor _____
- List name(s) and department(s) of any family members currently employed at ECU:

Volunteer Service Information

Anticipated Department: _____

Anticipated Department Contact: _____
(Name) (Phone Number)

Anticipated Volunteer Position: _____

Anticipated Start Date: _____ Anticipated End Date: _____

Anticipated Hours per week: _____

Describe Anticipated Roles and Activities a Volunteer:

Education & Work Experience *(Attach a resume if available)*

List Education- schools, dates attended, and degrees awarded (Starting with High School):

Relevant Work Experience – list employers, job title, and dates of employment:

References

1. _____
(Name) (Relationship) (Email Address) (Phone Number)

2. _____
(Name) (Relationship) (Email Address) (Phone Number)

3. _____
(Name) (Relationship) (Email Address) (Phone Number)

Emergency Contact Information

Please provide the following information for use in an emergency situation:

Emergency Contact Name: _____

Phone Number: _____

Relationship to You: _____

Authorizations and Waivers

I authorize Eastern Kentucky University to conduct a state and federal criminal background check, which will include but not be limited to my records as a juvenile. I understand that convictions, guilty pleas and *Alford*/"no contest" pleas that are reasonably related to my volunteer duties and responsibilities will be grounds for denial of my service as a volunteer. I further authorize Eastern Kentucky University to contact the individuals I have listed as references for this volunteer position. I agree to hold Eastern Kentucky harmless for any and all injuries and/or damages that I may incur as a result of Eastern Kentucky University conducting the reference and records checks described above. I understand and acknowledge there is no right to serve as a volunteer at EKU, and that volunteer service at EKU may be terminated at any time and for any reason, with or without notice.

Signatures

I certify that all statements in this application are true.

(Applicant Signature)

(Date)

(Department Contact Name and Title)

(Date)