

**NON-STUDENT SLIPPERY ROCK UNIVERSITY
VOLUNTEER SERVICES APPLICATION**

TO BE COMPLETED BY VOLUNTEER:

Name:	
Address:	
CSZ:	
Phone:	Date of Birth:
Email:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>

PLEASE NOTE: You are not to begin volunteering until background clearances have cleared.

Have you been a resident of Pennsylvania for the entirety of at least the last ten consecutive years prior to the date of this application? Yes No

If yes, you are exempt from the FBI clearance and need only to complete the PASSHE Volunteer Exemption from FBI Background Check form. (Form is available on the Human Resources web site)

If not, the clearance can be initiated at <https://www.identogo.com>. Any costs associated with this clearance are paid by the volunteer.

Do you have current PA State Police and PA Child Abuse clearances? If not, clearances can be initiated at:

PA State Police: <https://epatch.state.pa.us/Home.jsp>

PA Child Abuse: <https://www.compass.state.pa.us/cwis/public/home>

All clearance documentation should be sent in a confidential sealed envelope with this completed form to the Office of Human Resources, 205 Old Main. (This information will be reviewed and maintained by Human Resources only)

EMERGENCY ADDRESS INFORMATION:

Name: _____

Address: _____

Phone: _____

PURPOSE OF VOLUNTEER SERVICES:

EXPECTED DURATION OF VOLUNTEER SERVICES:

Dates of Service: _____

Hours/Weeks/Month: _____

I understand that I will receive no compensation, monetary or otherwise from the University, and that no promises are being made by the University relative to the donation of my services as a volunteer. I also agree to comply with all rules and regulations governing the University community. Finally, I understand that my volunteer services may be terminated at any time by the University, and that I have no rights or claims arising as a result of such termination or previous services rendered.

By signing below, I also acknowledge that I am mandated to report any arrest and/or conviction of a reportable offense under the Pennsylvania Child Protective Services Law, 23 Pa.C.S. §6344(c), within 72 hours, to the Office of Human Resources, Assistant VP Lynne Motyl, Room 205 Old Main, 724-738-2070. (Form is available on the Human Resources web site)

Volunteer: _____ Date: _____

I have read and agree with all statements made by the volunteer and will adhere to applicable institutional procedures regarding volunteer services.

Volunteer Supervisor: _____ Date: _____

Please return completed form with clearances to the Human Resources Office, 205 Old Main.

APPROVALS:

Vice President: _____ Date: _____

President: _____ Date: _____

Please return approved form to the Human Resources Office, 205 Old Main.