

SLIPPERY ROCK UNIVERSITY VOLUNTEER SERVICE APPLICATION

Volunteers Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Sex: _____

Email: _____

Have you been a resident of Pennsylvania for at least 10 years or more? Yes ____ No ____

If so, you are exempt from the FBI clearance and need only to complete the PASSHE Volunteer Exemption from FBI Background Check form. A copy is available on the Payroll Website.

Do you have current PA State Police and PA Child Abuse clearances? If so, please attach. 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>

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

EMERGENCY CONTACT INFORMATION:

Name: _____

Address: _____

Phone: _____

PURPOSE OF VOLUNTEER SERVICES:

EXPECTED DURATION OF VOLUNTEER SERVICES:

From Date: _____ To Date: _____ Estimated Volunteer Hrs: _____

I understand that I will receive no compensation from the University. 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.

Volunteer Signature: _____ Date: _____

By signing below 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: _____

APPROVALS:

Vice President: _____ Date: _____

President: _____ Date: _____

Please return completed form to the Payroll Office, 203 Old Main