

Volunteer Application Form

Volunteer F	Full Name:	
Phone Numb	mber: Email:	
Supervisor's	r's Name:	
Office/ Depa	partment:	
	mber: Email:	
2 nd Supervis	visor's Name:	
	mber: Email:	
Start Date: _	e: End Date:	
	urs Volunteered (To be signed off by supervisor on time she	
Documentat ≻ Camp	mmunity Volunteer tation Needed for Volunteers: mps and Programs for Minors (<i>Anyone working with a particip</i> der this category- regardless of student status. Contact SA to b	
 Background Check with BC DPS Form 		
0	• Child Protection Training for Non-Employees	
0		
0		1 Treatment Authorization
0		I Heatment Authonzation
-	MIU Student Volunteer	
0		
0		
0		1 Treatment Authorization
0		
0		g paperwork with CE.
	mmunity	
0	 <u>Background Check with BC DPS Form</u> Model Release for Minors/ Model Release for Adults 	

- o Waiver, Indemnification, Assumption of Risk and Medical Treatment Authorization
- o System Volunteer Waiver Form