



VOLUNTEER/UNPAID INTERN ACTION FORM

To be completed by Volunteer

NAME: Last: _____ First: _____ MI: _____
 SNN: _____
 Date of Birth: _____ Male Female
 Mailing Address: _____
 City, State, Zip Code: _____
 Telephone Number: Mobile: _____ Home: _____
 Email: _____
 Emergency Contact Name: _____ Relationship: _____
 Phone Number: _____
 Applicant Signature: _____ Date: _____

To be completed by Supervisor

Volunteer Start Date: _____ End Date: _____
 Direct Supervisor: _____ Supervisor Extension: _____
 Work Location: Building/ Room#: _____ M/S: _____ Dept. #: _____
 Hours of work: From _____ am/pm to _____ am/pm Days/Week: Su M T W Th F Sa

If you answer yes to any of the 4 questions below, have the volunteer complete a Background Check Authorization form.

Yes No

Will this person work unsupervised with students or vulnerable persons?
 Will this person have access to confidential information and records?
 Will this person have access to cash or financial and accounting information?
 Will this person have unsupervised access to building and/or security information?

Exceptions: Check if applicable – no background check necessary

--a minor
 --a HC international student without a Social Security Number
 --a student performing an internship in conjunction with their program of study

Supervisor Signature: _____ Date: _____