



**VOLUNTEER/UNPAID INTERN ACTION FORM**

**To be completed by Volunteer**

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 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: \_\_\_\_\_