

Volunteer Registration Form Category One Volunteers Only

Section 1: VOLUNTEER INFORMATION

Name:		
Last Mailing Address:	First	Middle Initial
E-mail Address	Phone:	
Are you 18 or older? Yes No (If volunteer is under the age of 18, a parent or guar	rdian signature is required)	
Have you ever been convicted of, or pled guilty or in If yes, please list the date:Offense and disposition (Please explain fully):		
Are you currently volunteering or have you volunte organization associated with Florida Atlantic Unive		ther department or with another
If yes, which department or organization? Supervisor's Name:		
Volunteer Waiver and Release form and submit to a <u>Category Two Volunteer</u> : A Volunteer who has a Examples of Category Two Volunteers include, but volunteers and fundraising volunteers. Category Tw Volunteer Waiver and Release form. Are you legally eligible for employment in this cou	limited presence on campus and/o t are not limited to, Owl Parents A wo Volunteers do not need to com	or limited interaction with students. Association volunteers, student move-in day
Comment employee		
As a volunteer, I agree to abide by all applicable per guidelines of this college/department and to fulfill t requires a criminal background check for all Categ require a level two background check, and if that is of birth to the Human Resources Department. I furt subsequent guilty pleas, convictions of a felony or r of a crime which is a felony or a misdemeanor, and prosecution or the adjudication of guilt withheld fo receive no monetary benefits in return for the volum service at any time without prior notice.	the volunteer responsibilities to the gory One Volunteers. I also under s applicable, I will be required to ther agree to disclose, after the su misdemeanor, pleas of "Nolo Cons I probation, enrollment in a pre-tr r a crime which is a felony or a m	the best of my ability. I understand that FAU rstand that certain volunteer assignments provide my social security number and date ubmission of this registration form, any tendere", No Contest, or similar disposition rial diversion program, deferrals of hisdemeanor. I understand that I will
Volunteer's Signature:		Date:
Parent/Guardian Signature (if volunteer is unde As the parent/guardian of	, I grant my permiss	sion for him/her to participate as an unpaid ed the Authorization for Treatment of

Print name

EMERGENCY CONTACTS

1. Contact Name:	
Phone:	Relationship:
2. Contact Name:	
Phone:	Relationship:
	REFERENCE CONTACTS
1. Personal Reference:	
Phone:	Email:
2. Professional or work-relate	d:
Phone:	Email:
Atlantic University to conduct	rovided by me in this Volunteer Registration form is true and complete. I authorize Florida any investigation with respect to my application and release the University, my former m any liability from damage caused by giving or receiving information about me.
Applicant Signature:	Date:
Department where volunteer v	vill work:
Supervisor responsible for vol	unteer's work: Print Name and Title
Supervisor's Phone #:	
Please describe the work the V	Volunteer is expected to perform:
Volunteer's qualifications to p	perform this work:
Volunteer work will begin on	and end
A background check request h	as been submitted and approved for Category One Volunteers
	ests to <u>empl@fau.edu</u> . Include Volunteer's name, phone number, nature of appointment il address, and department index number.
Supervisor's Signature:	Date:
Supervisor's Signature:	Date:

Original: Retain in Department

Copy: Weppner Center for Civic Engagement & Service