## RAMAPO COLLEGE OF NEW JERSEY USE OF VOLUNTEER FORM 38

TO:	DEPARTMENT OF HUMA	N RESOURCES	DATE:
FROM:	Unit Head	Unit	
RE:	USE OF VOLUNTEER		
Commencing	ing, I plan to utilize the volunteer services of:		
	Last Name	First Name	M.I.
	Street Address		
	Town/City	State	Zip
He/she will be under the direct supervision of			
Immediate Supervisor			
Proposed length of service: Number of hours per week:			
While volunte	ering services here on campus	, he/she may be reac	hed at ext.
Brief descripti	on of duties:		
NOTE:	Any volunteer under age 18 is required by law to provide parental consent in writing. Under no circumstances will a person under age 18 be permitted to perform voluntary services for the College without parental consent.		
I/We hereby permit to act as a volunteer at Ramapo College New Jersey as specified above.			
		Signature(s) of pare	nt(s) or legal guardian(s)
Service will no background.	ot commence prior to the Depa	artment of Human Ro	esources verification of
Signature of U	Init Head Date	Signature of Volunt	eer Date
Signature, Department of Human Resources Date			