RAMAPO COLLEGE OF NEW JERSEY
USE OF VOLUNTEER

TO: PEOPLE OPERATIONS & EMPLOYEE RESOURCES DATE:_____

FROM: _____ _____
Unit Head Unit

RE: **USE OF VOLUNTEER**

Commencing _____, I plan to utilize the volunteer services of:

_____
Last Name First Name M.I.

_____
Street Address

_____
Town/City State Zip

The volunteer will be under the direct supervision of _____
Immediate Supervisor

Proposed length of service:_____ Number of hours per week:_____

While volunteering services here on campus, the volunteer may be reached at ext. _____

Brief description 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 of New Jersey as specified above.

_____

_____
Signature(s) of parent(s) or legal guardian(s)

Service will not commence prior to the People Operations & Employee Resources Department verification of background.

_____ _____ _____ _____
Signature of Unit Head Date Signature of Volunteer Date

_____ _____
Signature, People Operations & Employee Resources Department Date