

LOUISIANA TECH UNIVERSITY VOLUNTEER IDENTIFICATION FORM

Name:	_____
Date of Birth:	_____
Address:	_____
Phone Number:	_____
Emergency Contact:	_____ Phone #: _____
Department:	_____
Supervisor's Name:	_____ Phone #: _____
Volunteer Dates:	_____
Assignment and Summary of Duties:	_____
1. Need to drive a vehicle on university business? Yes_____ No_____	
2. Need to travel on university business? Yes_____ No_____	
If "yes" to 1 and/or 2 above, please provide social security #: _____	
If "yes" to 1 above, please see the Environmental Safety Office for driving clearance.	
Are you receiving academic credit for volunteering? Yes_____ No_____	
Are you a Tech student, staff or faculty member? Yes_____ No_____	

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

Signature of Volunteer

Date

Approval of Campus Supervisor

Date