



## DEPARTMENT VOLUNTEER LIST

Department: \_\_\_\_\_

Please provide the requested information for each volunteer that will assist in your office:

Name	Duties Performed	Supervisor

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Vice President/Dean Signature

\_\_\_\_\_  
Date

**Please ensure volunteers complete the following documents:**

1. Volunteer Acknowledgement
2. Volunteer Agreement
3. Volunteer Information Sheet