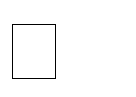
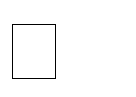
Volunteer Registration Form Category One Volunteers Only

## Section 1: VOLUNTEER INFORMATION

Name: Last First Middle Initial

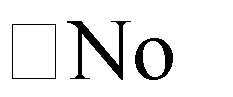
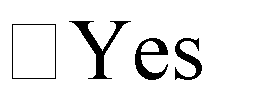
Mailing Address:

E‐mail Address Phone:

Are you 18 or older? Yes No

(If volunteer is under the age of 18, a parent or guardian signature is required)

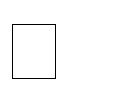
Have you ever been convicted of, or pled guilty or no contest to, a felony or misdemeanor? If yes, please list the date:



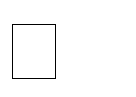
Offense and disposition (Please explain fully):

Are you currently volunteering or have you volunteered in the last 12 months in another department or with another organization associated with Florida Atlantic University?

If yes, which department or organization? Supervisor’s Name:



Yes

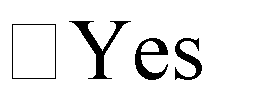
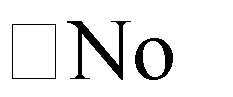


No

**Category One Volunteer**: A Volunteer who has a significant or recurring presence on campus and/or has significant or

recurring interaction with students. Examples of Category One Volunteers include, but are not limited to, athletic team volunteers, coaches, and student organization/club advisors. Category One Volunteers must complete this form and the Volunteer Waiver and Release form and submit to a Background Check prior to serving as a Volunteer.

**Category Two Volunteer**: A Volunteer who has a limited presence on campus and/or limited interaction with students. Examples of Category Two Volunteers include, but are not limited to, Owl Parents Association volunteers, student move-in day volunteers and fundraising volunteers. Category Two Volunteers do not need to complete this form but must complete the Volunteer Waiver and Release form.

Are you legally eligible for employment in this country?  

Current employer: Job Title:

*As a volunteer, I agree to abide by all applicable policies, procedures, rules and regulations of Florida Atlantic University and guidelines of this college/department and to fulfill the volunteer responsibilities to the best of my ability. I understand that FAU requires a criminal background check for all Category One Volunteers. I also understand that certain volunteer assignments require a level two background check, and if that is applicable, I will be required to provide my social security number and date of birth to the Human Resources Department. I further agree to disclose, after the submission of this registration form, any subsequent guilty pleas, convictions of a felony or misdemeanor, pleas of "Nolo Contendere", No Contest, or similar disposition of a crime which is a felony or a misdemeanor, and probation, enrollment in a pre-trial diversion program, deferrals of prosecution or the adjudication of guilt withheld for a crime which is a felony or a misdemeanor. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the university may terminate my volunteer service at any time without prior notice.*

**Volunteer’s Signature**: Date:

## Parent/Guardian Signature (if volunteer is under 18):

*As the parent/guardian of , I grant my permission for him/her to participate as an unpaid volunteer for Florida Atlantic University. I further acknowledge that I have completed the Authorization for Treatment of Minors form on his/her behalf.*

Print name Signature Date

# EMERGENCY CONTACTS

1. Contact Name:

Phone: Relationship:

1. Contact Name:

Phone: Relationship:

# REFERENCE CONTACTS

1. Personal Reference:

Phone: Email:

1. Professional or work‐related:

Phone: Email:

*I certify that all information provided by me in this Volunteer Registration form is true and complete. I authorize Florida Atlantic University to conduct any investigation with respect to my application and release the University, my former employers, and references from any liability from damage caused by giving or receiving information about me.*

# Applicant Signature: Date:

**Section 2: TO BE COMPLETED BY THE SUPERVISOR**

Department where volunteer will work:

Supervisor responsible for volunteer’s work:

Print Name and Title

Supervisor’s Phone #:

Please describe the work the Volunteer is expected to perform:

Volunteer’s qualifications to perform this work:

Volunteer work will begin on and end

A background check request has been submitted and approved for Category One Volunteers



Yes



No

Email background check requests to [empl@fau.edu.](mailto:empl@fau.edu) Include Volunteer’s name, phone number, nature of appointment (Volunteer appointment), email address, and department index number.

# Supervisor’s Signature: Date:

Original: Retain in Department Copy: Weppner Center for Civic Engagement & Service