THE SANCTION AND VOLUNTEER PROGRAM

PARTICIPATION REQUEST FORM

REQUESTOR INFORMATION

Name: _____

Department/Location/Room No: _____

Telephone Number: _____

Email Address: _____

VOLUNTEER REQUEST

Description of volunteer assignment to be performed: _____

_____

Skills needed to perform the volunteer assignment: _____

Estimated hours to complete volunteer assignment: _____

List available day (s) for volunteer assignment to be performed: _____

Name of Volunteer Supervisor: _____

_____ _____

Signature of Volunteer Supervisor Date Signature of Judicial Affairs Interim Director Date

All volunteer assignment performed must provide service to the University. If volunteer assignment is deemed unfair or not related to the University, student will not be allowed to continue.