

**BOWIE STATE UNIVERSITY
VOLUNTEER SERVICES APPLICATION**

TO BE COMPLETED BY SUPERVISOR:

Name: _____
Address: _____

Phone: _____
Date of Birth: _____ Sex: _____

EMERGENCY ADDRESS INFORMATION:

Name: _____
Address: _____
Phone: _____

PURPOSE OF VOLUNTEER SERVICES:

EXPECTED DURATION OF VOLUNTEER SERVICES: (Service approval is good for one year only)

Dates - From: _____ To: _____
Hours/Week/Month: _____

I understand that I will receive no compensation, monetary or otherwise from the University, and that no promises are being made by the University relative to the donation of my services as a volunteer. I also agree to comply with all rules and regulations governing the University community. Finally, I understand that the University may terminate my volunteer services at any time, and that I have no rights or claims arising as a result of such termination or previous services rendered.

Volunteer: _____ Date: _____

Supervisor: _____ Date: _____

APPROVALS:

Area Vice President: _____ Date: _____

Senior Director of Human Resources _____ Date: _____

PLEASE FORWARD TO HUMAN RESOURCES