FIU VOLUNTEER APPLICATION (B)

TO BE COMPLETED BY VOLUNTEER'S DIRECT SUPERVISOR

Name of Volunteer: ______________________________________________________

Name of Supervisor: ____________________________________________________

Supervisor Telephone: _____________________ Email: ________________________

Date Volunteer Work Begins: ____________ Date Volunteer Work Ends: _________

Estimated Hours per week: ________________________________________________

Location of Volunteer Work: _______________________________________________

Title of Project: ___________________________________________________________

Description of Work to be performed: _______________________________________

I acknowledge that it is my responsibility to assure that proper training, personal protective equipment and safety information is provided to the volunteer before assignment of any task and that appropriate consideration has been given to security issues associated with this assignment.

Supervisor Signature: __________________________ Date: ____________

DEPARTMENT APPROVAL

I have reviewed the application and authorize the volunteer to work on the above referenced project.

Name of Department Chair: __________________________________

Signature: __________________________ Date: ______________________

EH&S REVIEW Date Received: __________________

Recommended:  Yes  No  Pending, additional information

Additional Information: ___________________________________________________

Reviewed by: ______________Signature: _____________________ Date: _________

CC: Human Resources