

MIAMI UNIVERSITY
Minor Volunteer Consent Form

Miami University wishes to thank you for volunteering your valuable time, energy, and talents to the University. Your services will make a significant contribution to the University and our community.

Volunteer Position: _____
(Attach copies of any required licenses, certificates, and/or authorizations to act)
Name of Volunteer: _____
Address: _____ _____
Date of Birth (if under the age of 18): _____ Telephone Number: _____
In the event of an emergency, please contact: _____
Emergency Telephone Number: _____
Anticipated dates and times of volunteer services: _____ _____

I, _____ desire to volunteer at Miami University as a _____. I acknowledge that I am providing these services on a purely voluntary basis and that I will not be paid for these services. I understand that volunteering does not entitle me to any preference or any paid employment position at Miami University, and that Miami may decline my volunteer services at anytime.

Signature of Volunteer

Date

I, _____, the parent or guardian of _____ hereby give my express written consent for _____ to perform volunteer services at Miami University on the dates and times listed above.

Signature of Parent

Date