



Lander UNIVERSITY

VOLUNTEER APPLICATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Cell) _____

E-mail address _____

Education/Diploma/Degree _____

Occupation/Previous work experience _____

Special skills/training _____

Previous volunteer experience _____

What days and times are you available? (Check all that apply)

_____ Mornings _____ Afternoons _____ Evenings
_____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun.

Areas of interest (Check all that apply)

___ Working with students _____ Administrative support _____ Leading tours
___ Guest lecturing _____ Advising a student organization _____ Special events
___ Other _____

Emergency contact:

Name _____ Phone _____

LANDER UNIVERSITY DOCENT AGREEMENT

I understand that I am a volunteer and not eligible for compensation. As part of the volunteer application process, I agree to submit to a criminal background check, the cost of which will be paid by Lander University. If accepted as a volunteer, I agree to complete an orientation program and attend periodic meetings to obtain information related to my duties as a volunteer. I will observe the rules and regulations of the university and respect all visitors regardless of their sex, age, race, national origin or physical disabilities. I will work in concert with other volunteers, members of the Lander administration, faculty, staff and students. I agree to be prompt in reporting for assignments and to notify the department where I am assigned if I am unable to work as scheduled.

Signature _____ **Date** _____