

SIU Carbondale Campus or Community Volunteer Documentation

Name: _____ Dawg Tag #: _____

Email: _____ Phone: _____

University Excellence Scholar

Name and Date of Event: _____

Hours Completed: _____

Describe the help you provided: _____

As a volunteer, I agree to abide by all applicable rules and regulations of Southern Illinois University and guidelines of this unit/department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that I am not covered by the State of Illinois Self-Insured Worker's Compensation Program. I further understand and agree that the University shall not be responsible for any injuries to me or damages to my property that may occur in the course of the volunteer service. I agree to indemnify and hold the University harmless to the extent permitted by law for any such injuries or damages. I further understand the University may terminate this agreement at any time without prior notice.

Volunteer Signature:	Date:
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Signature of Staff Representative and Phone Number	Date:
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Return this form with signatures to the Financial Aid Office, Second Floor, Student Services Building.