



University of Nebraska-Lincoln Volunteer Form

Full Name: _____ Birthdate: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Preferred Gender Identity: _____ (fill in blank)

Emergency Contact: Name: _____ Phone: _____

Are you currently employed by the University of Nebraska? Yes No

If yes, department: _____ Job title: _____

DEPARTMENT INFORMATION

Department/Unit: _____ Effective Date: _____

Department Location: _____ Dept. Phone: _____

Supervisor's Name: _____ Direct Phone: _____

Description of Responsibilities: _____

CRIMINAL HISTORY INFORMATION

Have you ever been convicted of or pled guilty to a felony? Yes No

Have you ever been convicted of or pled guilty to a misdemeanor? Yes No

Have you ever been convicted of or pled guilty to an infraction? Yes No

Are you subject to a court order? Yes No

If you answered "Yes" to any of the questions above, please attach an explanation on a separate piece of paper. Answering "Yes" does not necessarily disqualify you from volunteering, and your answers will be considered on a case by case basis.

VOLUNTEER STATEMENT

I, _____ (print name) agree that I am a volunteer of the University of Nebraska- Lincoln (UNL). I wish to donate my services to the University and understand there is no compensation, payment, salary, and/or wages for services rendered. I understand that I am not eligible for any University employment benefits, that being a volunteer does not give me priority for University employment, and that I have no expectation of future employment. I certify that all answers given by me above are true, accurate, and complete. I understand that any inaccurate, omitted, misrepresented, falsified, or incomplete statements on this form may result in my immediate disqualification from volunteering or my immediate dismissal from volunteering, regardless of when or how discovered. I agree to abide by the rules, regulations, and policies of UNL. I agree that I am under no obligation to provide volunteer services and that I am free to stop volunteering at any time. I understand that the University may terminate its volunteer relationship with me at any time, with or without notice or cause, at its sole discretion. I understand that as a volunteer I have an obligation to protect confidential and/or sensitive information of the University (such as information in student or employee records), and that confidentiality must be maintained concerning internal University information. I understand I am performing volunteer activities at my own risk and agree to release the Board of Regents of the University of Nebraska from any liability should I be injured while performing duties as a volunteer. I understand I am a volunteer, not a University employee, and am not eligible for workers compensation. I understand that photographs may be taken of me from time to time for University publications or other uses. I agree that I have read and fully understand the above statement.

Volunteer Signature: _____ Date: _____