

MANSFIELD UNIVERSITY OF PENNSYLVANIA

OFFICIAL VOLUNTEER SERVICES REQUEST

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Department in which volunteer services are to be performed:

\_\_\_\_\_

Times, dates and places volunteer services are to be performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My signature below certifies that I have been provided the [Protection of Minors in the Workplace Policy](#), and that I am aware of the rights and privileges of Official Volunteers. I also affirm that I have not committed any act which would disqualify me from volunteer service.

I further acknowledge my responsibility to self-report any act that would disqualify me from volunteer service at Mansfield University.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

+++++

Administrative Approval

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of HR

\_\_\_\_\_  
Date

\_\_\_ Official Volunteer Background Clearance Check Requirement met.