



JACKSON STATE UNIVERSITY

P. O. Box 17028

JACKSON, MISSISSIPPI 39217-0228

OFFICE OF
HUMAN RESOURCES

(601) 979-2015
FAX No. (601) 979-5850

VOLUNTEER SERVICES APPROVAL REQUEST

Date: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

This is to request approval for VOLUNTEER services with the following department:

Department's Name	Address	City	State	Zip Code
Nature of volunteer services _____				
Hours to be devoted to volunteer services: _____ Beginning Date: _____ Ending Date: _____				

The volunteer services will () will not () involve the use of University's facilities, equipment, supplies, commodities, or support personnel.

The volunteer services will () will not () conflict with my job at Jackson State University. I understand that if it should be determined subsequent to approval that there is a conflict either directly or indirectly with my employment at Jackson State University, I will have to discontinue my services.

Agreement

I acknowledge that my participation in the program/event is purely voluntary and I will not be compensated. I expressly accept and assume all risks associated with my participation in the program/event; and the University will not be held responsible should an accident or injury occur.

Printed Name of Employees: _____ S.S. #: _____

Signature: _____ Position: _____ Date: _____

APPROVED:

Supervisor: _____ Date: _____

Volunteer Supervisor: _____ Date: _____

Human Resources: _____ Date: _____

Note: A volunteer form must be approved for each event.