

Must be typed

**Prairie View A&M University
Employee/Volunteer Information & Waiver Form**

I.

Employee/Volunteer Name: _____

Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Faculty _____ Staff _____ GA/Student Employee _____ Volunteer _____

Volunteers: Fill out sections I, II, III and IV.
Employees: Fill out sections I, III and IV.

***A CRIMINAL BACKGROUND CHECK is required for all volunteers with the exception of Day Camps and Enrichment Programs. A web link will be sent to the volunteer's email address listed above to complete the information for your background check.**

Dates of volunteer service (From-To) Mark with an "X" to indicate type of program below

	Day Camp	Enrichment Program	Program for Minors	Other

II.

Acknowledgement of Volunteer Services:

I certify that I am offering my services to The Texas A&M University System and/or one of its universities or agencies on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I certify that I am (check one):

_____ Not employed by the State of Texas, The Texas A&M University System or any other public entity, and I am performing the proposed volunteer work for civic, charitable or humanitarian reasons.

_____ An employee of the State of Texas or The Texas A&M University System. The proposed volunteer work is in a different occupational capacity from that in which I am employed, and I am performing the volunteer work for civic, charitable or humanitarian reasons.

III.

Employee/Volunteer Signature

Date

Employee/Volunteer Supervisor (Print)

Signature

Date

Budget Head/Director (Print)

Signature

Date

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IV.

Duties:

Please list the employee/volunteer duties to be performed:

In case of an emergency, please list emergency contact information below:

Name: _____ **Relationship:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____
