

The top portion is to be completed by the volunteer, the bottom portion is to be completed by the approving supervisor/project director. All fields must be filled out electronically. Incomplete forms will be returned to the supervisor/project director. A photo ID will be required of all volunteers in order to verify identity. Volunteers **MUST** complete the Toro Auxiliary Partners Self-Certification of COVID-19 Vaccination Status Form and COVID-19 Acknowledgement form.

EMPLOYEE INFORMATION**Name**

Last First M.I.

Home Address

Street

Phone Number E-mail

City City Zip

Are you under the age of 18?

Yes No

Emergency Contact

If yes, provide date of birth: _____

First and Last Name Phone Number

GRANT/DEPARTMENT INFORMATION

TAP Account to use for background check cost: _____

Name of Grant and/or Department

Will volunteer be working with or access a facility with minors? Yes No

Start Date End Date

Will volunteer need to drive a vehicle on Toro Auxiliary Partners business? Yes No

Supervisor

Will volunteer need to travel on Toro Auxiliary Partners business? Yes No

Name Extension

Supervisor E-mail

Summary of Assignment

ACKNOWLEDGEMENT AND SIGNATURES

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and the services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

Volunteer Signature Date

Supervisor Signature Date

Project Director/Manager Signature Date
(if different than supervisor)

Authorized HR Representative Date
Signature