



Date	_____
Initials	_____

VOLUNTEER DATA FORM

Effective Date of Action _____ Ending Date _____

Name _____ Employee ID _____
First Middle Initial Last

Date of Birth _____ Social Security Number _____ Email _____

Home Address: _____ City _____ State _____ Zip _____

Fund _____ Dept ID # _____ Prog _____ Project _____ Department Name _____

Department Box _____ Department Phone _____ Contact Name _____

Contact Email _____ Supervisor ID _____

Reason for Volunteering _____

I, _____, am volunteering my duties to the University of Southern Mississippi. I understand that I will receive no compensation for this work now or anytime in the future. Further, I understand that this position is considered a *Non-Benefit Eligible Position*; therefore, I receive no benefits for serving in this capacity.

In addition, I understand I am not covered under the University's workers' compensation plan. Additionally, the University does not carry general liability insurance for invitees on the premises who may get hurt or incur property damage while volunteering for the University of Southern Mississippi.

Volunteer Signature Date

Approvals:

Budget Authority or Principal Investigator Date Human Resources Date

Instructions: If you keep a copy for your records you must black-out the sensitive data such as social security number and date of birth.