



# Volunteer Registration Form

To (Volunteer): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor (print please): \_\_\_\_\_

*St. Olaf College defines a volunteer as any person who commits to a consistent time schedule to support the mission and efforts of the College.*

This memo will confirm your services as a volunteer to St. Olaf College in the Department/Office of \_\_\_\_\_ for the period of \_\_\_\_\_ to \_\_\_\_\_. You are not an employee and will not have any of the rights or benefits that normally accrue to paid employees. However, you are provided coverage for workers' compensation benefits under St. Olaf College's insurance policy. If you should sustain an injury in connection with your volunteer service to St. Olaf College, it must be reported immediately to the Human Resources Office.

To provide a safe and secure educational environment, St. Olaf College conducts a criminal background check on volunteers as defined above, and who are not current St. Olaf students.

We appreciate your services as a volunteer and the contributions you will make to the College. We thank you for this effort.

Please sign and return these forms to your Supervisor; your signature verifies that you have read and understand the expectations of a volunteer for St. Olaf College. Your supervisor will provide a copy of this document to you and forward the original to the Office of Human Resources.

Thank you,  
Roger Loftus  
Director of Human Resources

If you have any question regarding your status as a volunteer please contact the Office of Human Resources either by calling 507/786-3068 or emailing hrstaff@stolaf.edu

## Volunteer Certification

I understand that any faculty, staff, student, or volunteer user of St. Olaf College facilities is required to comply with the Student Right-to-Know and Campus Security Act, <http://www.stolaf.edu/stulife/safety/reports/cleryact.html>, including self-registration with appropriate State agencies and other St. Olaf campus policies (<http://www.stolaf.edu/stulife/thebook/general/index.html>). Failure to comply with these requirements, if applicable to me, will end my volunteer association with St. Olaf College.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## **VOLUNTEER JOB DESCRIPTION**

Supervisors please complete this page.

### **Brief Description of Duties**

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As a volunteer, will this person travel as a representative of St. Olaf College: \_\_\_ yes \_\_\_ no  
If so, will this person travel: \_\_\_ domestically \_\_\_ abroad (check both if applicable)

Will this person be reimbursed for expenses (travel and/or others) incurred while performing this volunteer activity? \_\_\_ yes \_\_\_ no

If yes, the volunteer must fill out a W-9 Tax withholding form and return it with this form. Human Resources will forward the form to Accounts Payable. (Visit this link for the W-9 form: <http://www.stolaf.edu/offices/treasurer/fw9.pdf>).

Reimbursement maybe considered taxable income, please consult the enclosed W-9 information sheet or contact the Office of Accounts Payable at 507/786-3406. For more information visit: <http://www.stolaf.edu/offices/treasurer/travelpolicy.htm>

Please list any required specialized training necessary to perform these volunteer duties; indicate if no training is necessary. Supervisors are responsible to see that volunteers complete this training.

Example: Blood Borne Pathogen training.

### **Specialized Training Required:**

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**SUPERVISOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Cc: Volunteer  
Supervisor



Professional License(s): \_\_\_\_\_ State(s): \_\_\_\_\_ Type(s): \_\_\_\_\_ Number(s): \_\_\_\_\_  
\_\_\_\_\_ State(s): \_\_\_\_\_ Type(s): \_\_\_\_\_ Number(s): \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Residence Addresses for the Past 7 Years: (begin with your most current address, if necessary, attach additional sheets)

*Street Address City, State & Zip Code County Last date of Residence Mo./Yr.*

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**Criminal History Questionnaire**

**Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?\***

\*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or in which state law allows you to lawfully deny as set forth below. You are also not required to disclose violations, infractions, petty misdemeanors, or summary offenses.

\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, provide city, county, and state of conviction and date and nature of the offense, along with sentencing information. Enter N/A if this does not apply to you.**

\* You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

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**For Facilities, Public Safety, and Residence Life Applicants - check one:**

\_\_\_\_\_ I have been a resident of the State of Minnesota for the past ten (10) years.

\_\_\_\_\_ I have **NOT** been a resident of the State of Minnesota for the past ten (10) years. (A federal check will be required including a fingerprint card).

