



**MICHIGAN TECHNOLOGICAL UNIVERSITY  
VOLUNTEER APPLICATION**

**GENERAL**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Cell #) (Home/Alternate #)

Are you a Michigan Tech student? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, MTU email \_\_\_\_\_  
If Yes: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate M# \_\_\_\_\_

Graduate Students should have permission of their advisor, department chair or the graduate program director, and if supported, by the Principal Investigator for the funding that they are receiving. Graduate students should be cautioned that volunteer work or other work that interferes with their ability to make continual good progress toward their degree risk having their financial support terminated and/or becoming subject to academic sanction. Graduate students who receive financial aid (e.g. GRA, GTA and others) must not let their volunteer activities interfere with either their academic progress or the duties for which they are receiving support.

Have you ever been convicted of any criminal offense other than minor traffic violations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain. A criminal conviction will be considered only in relation to the volunteer service for which you are applying. Seriousness and nature of offense, time elapsed, and rehabilitation will be taken into account.

\_\_\_\_\_

**VOLUNTEER DUTIES**

List Volunteer Duties:

\_\_\_\_\_  
\_\_\_\_\_

Specialized Skills Expected from this University Volunteer:

\_\_\_\_\_

Date Available: From \_\_\_\_\_ to \_\_\_\_\_

How many hours per week you anticipate volunteering \_\_\_\_\_

## EDUCATION AND TRAINING

Please list any relevant education and training, skills, experience you have:

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## EMERGENCY CONTACT

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| Name | Address | Phone # |
|------|---------|---------|
|------|---------|---------|

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all regulations of Michigan Technological University.

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(Signature)

(Date)

## DEPARTMENT RESPONSIBILITIES

It is the responsibility of the individual unit to ensure that volunteers are aware of the unit's rules and regulations and comply with them. Volunteers must have the necessary training and/or supervision to safely carry out volunteer work. Depending on the particular function performed, the volunteer must meet appropriate license requirements and have a good driving record. Michigan Tech departments must keep records of volunteer names, dates of service(s), and services performed. Departments or units are responsible for proper screening, engagement, and training of volunteers.

## DEPARTMENT MUST COMPLETE:

Will any of the following be present during this voluntary service?

|  |     |    |
|--|-----|----|
| Infectious materials (bacteria, viruses, human blood, etc)                           | Yes | No |
| Chemicals  | Yes | No |
| Contact with Minors  | Yes | No |
| University Computer Access (Must also submit a <a href="#">visitor access form</a> ) | Yes | No |
| After Hours Building Access  | Yes | No |
| Driving University Vehicle   | Yes | No |

**NOTE:** If working with minors, money, confidential student, employee, health or financial information, a background check is needed. Submit Authorization for Release of Information for Background Check to Heidi Reid ([hereid@mtu.edu](mailto:hereid@mtu.edu)).

If Yes was answered to any of the above, the department must contact the appropriate individuals listed below to schedule training associated with each of the above activities.

Biosafety – David Dixon, Biosafety Officer, 487-2131, [dcdixon@mtu.edu](mailto:dcdixon@mtu.edu)

Chemical Safety – Jeff Lewin, Chemical Safety Officer, 487-3153, [jclewin@mtu.edu](mailto:jclewin@mtu.edu)

Contact with Minors – Sarah Schulte, General Counsel, 487-2318, [shschult@mtu.edu](mailto:shschult@mtu.edu)

Computer Access – Dave Hale, Chief Information Security Officer, 487-1727, [ddh@mtu.edu](mailto:ddh@mtu.edu)

Building Access – Brian Cadwell, Chief of Public Safety & Police Services, 487-2216, [bjcadwel@mtu.edu](mailto:bjcadwel@mtu.edu)

Driving University Vehicles – Sarah Schulte, General Counsel, 487-2318, [shschult@mtu.edu](mailto:shschult@mtu.edu)

**DEPARTMENT APPROVALS:**

Department Sponsor: \_\_\_\_\_  
Print Name Signature Date

Graduate Advisor: \_\_\_\_\_  
(If Applicable) Print Name Signature Date

Department Chair/: \_\_\_\_\_ Director  
Print Name Signature Date

**NOTE:**

If the volunteer will be working with minors, especially in an unsupervised environment, a consent to obtain a background check is also required.

Will the volunteer be working with minors? YES NO

If yes, please contact Heidi Reid in the General Counsel's Office, hereid@mtu.edu or 906-487-2229, to obtain a consent to background check form.

**Provide one copy of this agreement to the Office of General Counsel (hereid@mtu.edu), and the original to Human Resources (humanresources@mtu.edu).**

**Department must retain a copy of this agreement for three years from the end of service.**

**See Training Checklist on next page**

**VOLUNTEER CHECKLIST**

**(completed by a department representative and retained within the department)**

Safety Training provided by department Date \_\_\_\_\_ Initials \_\_\_\_\_

Computer Safety Training (when applicable) Date \_\_\_\_\_ Initials \_\_\_\_\_

University Vehicle/Van Training (when applicable) Date \_\_\_\_\_ Initials \_\_\_\_\_

Bio-safety Training (when applicable) Date \_\_\_\_\_ Initials \_\_\_\_\_

Chemical Safety Training (when applicable) Date \_\_\_\_\_ Initials \_\_\_\_\_

**WHEN WORKING WITH MINORS**

Background Check completed Date \_\_\_\_\_ Initials \_\_\_\_\_

Minor health, wellness, safety and security training must include:

- Detecting and reporting abuse or neglect
- Participant conduct management and disciplinary procedures
- Authorized Adult and Program Staff Code of Conduct
- Sexual misconduct and/or other unlawful harassment/discrimination/retaliation
- Campus Security Authority (Clery Act)
- Safety and security protocol
- Mandatory reporting
- Additional topics, such as CPR/First Aid and medication management, may be required depending on the particular interaction.

Date \_\_\_\_\_ Initials \_\_\_\_\_