



**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:

EMERGENCY CONTACT

Name	Address	Phone #
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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.

(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 visitor access form)	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).

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 – Mike LaBeau, Biosafety Officer, 487-2131, malabeau@mtu.edu

Chemical Safety – Jeff Lewin, Chemical Safety Officer, 487-3153, jclewin@mtu.edu

Contact with Minors – Sarah Schulte, General Counsel, 487-2318, shschult@mtu.edu

Computer Access – Sean Hagan, Chief Information Security Officer, 487-1727, snhagan@mtu.edu

Building Access – Brian Cadwell, Chief of Public Safety & Police Services, 487-2216, bjcadwel@mtu.edu

Driving University Vehicles – Sarah Schulte, General Counsel, 487-2318, 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 Risk Management (risk@mtu.edu), and the original to Human Resources (hr-help@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 _____