

Rollins College
Risk Management
VOLUNTEER REGISTRATION FORM

This portion of the form to be filled out by the Volunteer:

Social Security No: _____	Last Name: _____
First Name: _____	Middle Name: _____
Preferred First Name: _____	Date of Birth: _____
Gender: <input type="radio"/> Female <input type="radio"/> Male	

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Do you have health insurance? Yes ___ No ___ if yes, please provide the following optional information: _____

Medical Insurance Carrier: (Optional) _____

EMERGENCY CONTACT INFORMATION:

Contact Last Name: _____ First: _____ Middle: _____

Address: Type: Business Permanent Other _____ Relationship _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: (_____) - _____ Ext: _____

Continued Next Page...

It is the department head's responsibility to make certain the volunteer complies with all applicable policies of the college.

I have carefully read the Rollins College volunteer policies and information above and understand their contents. The above information provided by me is accurate.

Volunteer's Signature Date

This portion of the form is to be filled out by the Supervisor and Department Head:

Department Head Name	Title	Email Address
Department	Telephone Number	Begin and End Dates

Description of Volunteer Duties:

Department Head Signature Date

Please submit this form to Human Resources/Risk Management Department by Campus Mail Box 2718.