**VOLUNTEER REGISTRATION FORM**

The undersigned person desires to provide volunteer services to The Graduate School and University Center of The City University of New York.

### SECTION 1 PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Prefix</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
<td>Marital Status:</td>
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<tr>
<td>Date of Birth:</td>
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<td></td>
<td></td>
<td>Highest Education Level:</td>
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<tr>
<td>Home Telephone Number:</td>
<td>(Please include area code):</td>
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<tr>
<td>Alternate Phone Number:</td>
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<tr>
<td>Primary Business E-Mail Address:</td>
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**Volunteer Category:** (Please check)
- Teaching ☐
- Research ☐
- Administrative ☐

Were you ever or are you employed by The City University of New York? Yes ☐ No ☐

If yes, in what title and where: ________________________________

The following conditions apply to such appointment:

1. The undersigned person waives the right to any salary or any other form of compensation, which may result under the terms of any otherwise possible applicable collective negotiating agreement, action of The City University of Trustees, or provision or law.

2. The undersigned person further waives any right he or she may have to any membership in or benefit from any health, or welfare plan or retirement system or consideration for future employment on the basis of service pursuant to this appointment, or credit for service pursuant to this appointment, or any other right, privilege, or benefit to which he or she may otherwise be entitled by virtue of this appointment, under the terms of any applicable collective negotiating agreement, action of The City University of Board of Trustees, or provisions of law.

3. The undersigned acknowledges and agrees that the above-specified appointment is subject to approval by The City University Board of Trustees and sufficient student registration.

4. The undersigned person hereby accepts the appointment for the period of ____________ to ____________ to the title of Volunteer at The Graduate Center. (The duties and schedule are listed on the reverse side of this form.)

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Volunteer’s Name *(Please Print)*  | Volunteer’s Signature  | Date

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Executive Director of Human Resources’ Signature  | Date

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Rev. 8/2013  | s:\hr_files\volunteer\volunteer regist form_2013.docx
SECTION 2 EXECUTIVE OFFICER (EO)/HEAD OF OFFICE/SUPERVISOR MUST COMPLETE THIS SECTION

Class(es)/Assignment: ____________________________________________________________

______________________________________________________________________________

Schedule (include days of the week and hours): ______________________________________

Supervisor’s Name (Print): ____________________________ Business Phone No.: __________

Supervisor’s Work Location (Department/Building): _______________________________

Supervisor’s E-mail Address: _____________________________________________________

EO’s/Head of Office’s/Supervisor’s Signature: __________________________________ Date: ______________

Volunteer’s Signature: ___________________________________________ Date: ______________

SECTION 3 EMERGENCY CONTACT INFORMATION

Emergency Contact Name: ________________________________________________________

Address: ____________________________ Email: ________________________________

Day Phone No.: ____________________ Evening Phone No.: ______________________

Doctor’s Name: ____________________ Phone Number: _________________________

List any medications you are allergic to, any Chronic or other Conditions: ________________________

______________________________________________________________________________

In the event that no one can be reached by phone or E-mail, what do you wish The Graduate Center to do if you become ill? __________________________

______________________________________________________________________________

PLEASE CONTACT THE OFFICE OF HUMAN RESOURCES AT THE GRADUATE CENTER IF THE ABOVE INFORMATION CHANGES.

For Office of Human Resources Use Only

Effective Date: _____/_____/_____ Position Number: ________________ CUNYfirst EMPLID: __________

Comments: ______________________________________________________________________

Date Completed: __________________________