



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

Name (please print): _____
Last First MI Prefix

Address: _____

City: _____ State: _____ Zip: _____ Marital Status: _____

Date of Birth: ____/____/____ Highest Education Level: _____

Home Telephone Number: (Please include area code): (____) _____

Alternate Phone Number: (____) _____

Primary Business E-Mail Address: _____

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.)

Volunteer's Name (Please Print)

Volunteer's Signature

Date

Executive Director of Human Resources' Signature

Date

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: _____
Relationship

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: _____