IPFW

Volunteer Registration Form

To be considered for a volunteer position with IPFW, please complete this form and present it with a valid photo ID to the Department/Organization Unit in which you are volunteering.

Volunteers under age 18: *Please complete this form and have your parent or legal guardian sign it.*
Volunteers under age 15: *May only provide services under the direct supervision of their parent or legal guardian; the parent or legal guardian is subject to the volunteer process.*

All volunteers are subject to a check of the Dru Sjodin National Sex Offender Public Website, the Indiana Sex and Violent Offender Registry, and/or any other national or state registry that may become available; I give permission to IPFW to complete these required checks. Anyone appearing on one or more registries is prohibited from providing volunteer services to the University.

Volunteers may not provide services to the University until they have received confirmation that they have been approved to do so.

Name of Volunteer_____
               (Last)   (First)   (Middle)

Home Address: _____
          (Street)   (City)   (State)   (Zip)

Date of Birth: _____   Gender: _____ Male _____ Female
        (MM-DD-YYYY)

Telephone #: _____   E-mail address (optional): _____

Emergency Contact (Name/Phone/Relationship): _____

_____   _____
     Signature of Volunteer   Print Name of Volunteer and Date

_____   _____
     Signature of Parent/Guardian   Print Name of Parent/Guardian and Date

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TO BE COMPLETED BY THE DEPARTMENT:

❑ **Complete Org Unit Name & Unit #**
Org Unit Name and #: _____

❑ **Complete Registry/Website Check**
Dru Sjodin National Sex Offender Public Website _____
                           (Date Completed)

Indiana Sex and Violent Offender Registry   _____
                           (Date Completed)
(Contact Human Resources if there is a match on the above website or registry)

❑ **Complete Forms on Parent/Guardian if Volunteer is Under Age 15**

❑ **Complete Photo I.D. Verification**
I have examined the photo I.D. provided and certify that the photo I.D. was used to verify the volunteer's identity, and I have completed the Registry/Website Check.

_____   _____
     Signature   Print Name

❑ **Forward Completed Volunteer Registration Form and Volunteer Agreement to Human Resources**

HR Use Only:

❑ Documented on Volunteer Database

_____ _____
(Date Completed) (Initials of Completer)

O:/HR/Employment/Volunteer/Volunteer Registration Form2012: Revised 8/8/12