

# Volunteer Registration Form

## DEFINITION

St. Olaf College defines a volunteer as any person who commits to a consistent time schedule to support the mission and efforts of the College without expectation of compensation, benefits, or any form of remuneration.

## DATA TO BE COMPLETED BY THE SUPERVISOR

Legal First and Last Names: \_\_\_\_\_

Needs St. Olaf Email Access      Date of Birth (required for email activation) \_\_\_\_\_

(Email address not be created until background check and trainings are completed)

Supervisor Name: \_\_\_\_\_      Department/Office Assigned: \_\_\_\_\_

Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

Description of Duties:

### Travel and Reimbursement

As a volunteer, will this person travel as a representative of St. Olaf College:    Yes      No

If yes, will this person travel:    Domestically      Abroad (check both if applicable)

Will this person be reimbursed for expenses (travel and/or others) incurred while volunteering?    Yes      No

If yes, the supervisor must fill out an Accounts Payable Payment Request form found here

[http://wp.stolaf.edu/treasurer/files/2013/10/ap\\_payment-request.pdf](http://wp.stolaf.edu/treasurer/files/2013/10/ap_payment-request.pdf). For more information visit

<http://wp.stolaf.edu/treasurer/travel-policy/>.

### Specialized Training

Is specialized training necessary to perform these volunteer duties?    Yes (listed below)      No

(Examples: Blood Borne Pathogens, Employee Right-to-Know training, etc.)

Note: Supervisors are responsible to ensure volunteers complete these requirements.

## REQUIREMENTS

### Background Check and Training Modules

In our efforts to provide a safe and secure educational environment, St. Olaf College conducts a criminal background check on volunteers as defined above, and as deemed necessary in special circumstances. The request for a background check will be sent to the email address provided. The background check results must be obtained **PRIOR TO THE START DATE**.

Additionally, all volunteers are required to complete two training modules. Ideally, this will occur **PRIOR TO THEIR START DATE**. Instructions for completing the *Sexual Abuse Awareness, Understanding and Preventing Sexual Violence training* and *Cybersecurity 101* modules can be found here <https://wp.stolaf.edu/hr/prepare-for-your-first-day/>. Other specialized training may be required as indicated.

## CERTIFICATION STATEMENT

I agree that any services I perform for St. Olaf College will be as a volunteer. I understand that I am not an employee of St. Olaf College. I will not receive any compensation in return for my services, and I will not have any of the rights or benefits that are made available to employees of St. Olaf College.

I understand that any faculty, staff, student, or volunteer user of St. Olaf College facilities is required to comply with the Student Right-to-Know and Campus Security Act, <http://wp.stolaf.edu/publicsafety/community-awareness-reports/clery-act-fire-safety/>, including self-registration with appropriate State agencies and other St. Olaf campus policies (<http://wp.stolaf.edu/thebook/>). Failure to comply with these requirements, if applicable to me, will end my volunteer association with St. Olaf College.

## ELECTRONIC SIGNATURE USAGE AGREEMENT

When electronic signatures are used, federal law requires that we inform you of the following:

- By signing below, I consent to electronic processing of this form to include use of my electronic signature.
- I acknowledge that Electronic Signature means that I am the person identified on this form, that I voluntarily accept all the terms and conditions as stated in this form, and that I agree to the electronic processing of this record.
- I acknowledge that my electronic signature will have the same legal effect as a signature on paper.
- I acknowledge that I have the right to print and keep this form on paper.
- I acknowledge that I have the right to withdraw my consent to the electronic signature on this form.
- I understand I must notify Human Resources in writing of my withdrawal of consent and that such withdrawal will not affect actions already taken by St. Olaf College.
- I acknowledge that my consent to the use of my electronic signature applies to this form only and not to any other transactions with St. Olaf College.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Volunteer Email Address \_\_\_\_\_

Volunteer Phone Number \_\_\_\_\_

Please sign and return this form to the St. Olaf employee overseeing your volunteer activities. You may also retain a copy of this document for your records. Your signature above verifies that you have read and understand the expectations of a volunteer for St. Olaf College. We appreciate your services as a volunteer and the contributions you will make to the College. We thank you for this effort. Contact Human Resources with questions by calling 507-786-3068 or emailing [hrstaff@stolaf.edu](mailto:hrstaff@stolaf.edu).

## SUPERVISOR AUTHORIZATION

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_