



Volunteer Form for Individual Students and Clubs/Organizations

STUDENT/ORGANIZATION INFORMATION

Name of Club/Organization/Individual: _____

Contact Name: _____ Phone: _____

E-mail: _____

Advisor Name: _____

Signature: _____ Date: _____

VOLUNTEER INFORMATION

Volunteering For: _____

Date or Days: _____ Time: _____

Location: _____

Description of Activities: _____

PLEASE LIST ALL PARTICIPANTS

TCC SAC & Personnel Only Below Dotted Line

REQUIRED SIGNATURES

Advisor (if applicable): _____ Date: _____

Student Activities Coordinator: _____ Date: _____

Student Services Dean: _____ Date: _____

Is an Assumption of the Risk Form required for this event? Yes No

Please make three (3) copies and return one to Club Advisor, one to Civic Engagement Office, and one to Campus Student Activities Office.