

Return completed form to:
AUL for Human Resources
UGA Libraries Human Resources
Main Library - Room 226



Date:

University of Georgia Libraries Volunteer Request

Volunteer Information

Name (First) (MI) (Last)

Address

Home Phone Work Phone Email address

Do you work for UGA or UGA Libraries at the current time? Yes No

Have you worked for UGA or UGA Libraries in the past? Yes No

If yes, indicate dates of employment _____

If yes, indicate reason for leaving _____

Emergency Contact Information

Name Relationship

Phone Email

Department Information

Department Name Supervisor of Volunteer Department Head

Description of Volunteer Duties/Project/Work*

Start Date End Date*

Work Location Proposed Work Hours

Review & Approval

Department Head Signature Date AUL for HR Signature Date

University Librarian and Associate Provost Signature Date

**Substantive changes to the duties, schedule or work hours for the volunteer will necessitate the completion and approval of an updated Volunteer Request form.*