



Date:

## University of Georgia Libraries Volunteer or Unpaid Intern Request

### Volunteer or Unpaid Intern 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 or Unpaid Intern Duties/Project/Work\*

Start Date End Date\*

Work Location Proposed Work Hours

### Review & Approval

Department Head Signature Date

University Librarian and Associate Provost Signature Date

**Return completed form to:**  
UGA Libraries  
Human Resources Department  
Main Library - Room 226

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