

Waiver of Liability: Volunteer Work
UNIVERSITY OF NORTHERN COLORADO
Office of Human Resources
Carter Hall, Room 2002, Campus Box 54,
Greeley, CO 80639



PERSONAL INFORMATION

Last Name _____ First _____ M.I. _____

Social Security # _____ Date of Birth _____

Current Address: _____
City State Zip Code

Phone # _____ Email _____

Sex: Male Female

Citizenship: Citizen Resident Non-Citizen Non-Resident Non-Citizen Non-Resident-Other
 Dual Citizen/US Citizen Dual Citizen/Non US Citizen

EMERGENCY CONTACT

Name _____ Phone # _____

Relationship to Employee _____

Address _____
City State Zip Code

VOLUNTEER INFORMATION

Department: _____

Assignment Supervisor: _____

Supervisor Phone # _____

Work Schedule:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
 Saturday _____ Sunday _____

Start Date _____ End Date _____

BY MY SIGNATURE BELOW, I RELEASE THE UNIVERSITY OF NORTHERN COLORADO FROM ANY LIABILITY AS A RESULT OF PERFORMING WORK ON A VOLUNTEER BASIS. I REALIZE THAT I AM PERSONALLY RESPONSIBLE FOR ANY MEDICAL CLAIMS AND DAMAGES THAT MAY OCCUR IN PERFORMING THIS VOLUNTEER ASSIGNMENT. ADDITIONALLY, I DO NOT EXPECT TO BE PAID FOR WORK PERFORMED AND THAT THIS ASSIGNMENT IS AT MY REQUEST AND IS VOLUNTARY ON MY PART.

Signature _____

Date _____