



FIU VOLUNTEER APPLICATION (B) **TO BE COMPLETED BY VOLUNTEER'S DIRECT SUPERVISOR**

Name of Volunteer: _____

Name of Supervisor: _____

Supervisor Telephone: _____ Email: _____

Date Volunteer Work Begins: _____ Date Volunteer Work Ends: _____

Estimated Hours per week: _____

Location of Volunteer Work: _____

Title of Project: _____

Description of Work to be performed: _____

I acknowledge that it is my responsibility to assure that proper training, personal protective equipment and safety information is provided to the volunteer before assignment of any task and that appropriate consideration has been given to security issues associated with this assignment.

Supervisor Signature: _____ Date: _____

DEPARTMENT APPROVAL

I have reviewed the application and authorize the volunteer to work on the above referenced project.

Name of Department Chair: _____

Signature: _____ Date: _____

EH&S REVIEW

Date Received: _____

Recommended: Yes No Pending, additional information

Additional Information: _____

Reviewed by: _____

Signature: _____ Date: _____

CC: Human Resources