

**UNIVERSITY LIBRARIES**

**Volunteer Agreement**

**TO BE COMPLETED BY THE VOLUNTEER:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

**TO BE COMPLETED BY THE SUPERVISOR:**

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief summary of volunteer's work assignment (including days/hours):

This agreement is valid from \_\_\_\_\_ to \_\_\_\_\_

**TO BE COMPLETED BY VOLUNTEER AND SUPERVISOR:**

As a volunteer, I understand and agree to the above and have read the "Information for Volunteers" provided to me and fully understand the terms of this relationship.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date