



ESSEX COUNTY COLLEGE

VOLUNTEER IDENTIFICATION AND WORK ASSIGNMENT FORM

VOLUNTEER IDENTIFICATION				Gender (Male/Female)?
Last Name		First Name		Middle
Street Address				Are you 18 years of age or over (Yes/No)?
City	County	State	Zip	Phone No.
Email				Alternate Phone No.
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone No.

VOLUNTEER WORK ASSIGNMENT

Area	Referring Agency or Program	
Department	Effective Date	Expiration Date
Description of Duties and Responsibilities		

VOLUNTEER DISCLAIMER

<p>I understand that my service is unpaid and I do not expect a paid position in the future or any other tangible benefit in return for my volunteer service. I further understand that the College may terminate my service at any time without prior notice.</p>	
<p>I understand that performing volunteer service on a visa that does not permit work may subject the College to significant fines and negatively affect the visa holder's status. If applicable, I am authorized to perform volunteer service because I hold:</p> <p>a _____ visa or a _____ visa and an Employment Authorization Document.</p>	
Volunteer's Signature	Date