Request to Volunteer or Perform Community Service Work

Please download this document and open in Adobe Acrobat. Complete it and then click the E-Mail as an attachment to campusopsstudemp@bgsu.edu

Name	Date of Application		
Address			
Phone		E-Mail _	
BGSU Student ? Yes No	Dates Available to Pe	rform Work _	
	Date Service Must be	Completed _	
Type of Work Requested			Number of Hours Requested
Referred or Sponsored By			
If Group or Club, Number of Persons Attender	ding		
Assumption of Risk, W	aiver, and Release	from Liabili [.]	ty Agreement to Participate Form
others. Volunteers and service workers are Do you agree that you are volunteering or and all its affiliates from any and all claims,	r providing community s	ervice on your	own behalf and release Bowling Green State University ivities in which you participate?
Name		Phone	
**************************************	*********	************	**************************************
Approved By			*
Approved Schedule: Dates/Time			Åuthorized By
Assignment			* Date
Campus Operations 816 E. Poe Bowling Green, Ohio 43403 419-372-2251 Fax 419-372-7620			* * * *

JAA 08/19/Forms/Community Service Worker Form