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3-26-2015

Kimmel Volunteer Enrollment Form

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Heidzig, Debora, "Kimmel Volunteer Enrollment Form" (2015). *Kimmel Education and Research Center - Faculty & Staff Publications*. 32.

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University of Nebraska-Lincoln Volunteer Form

Department/ Unit: Kimmel Education and Research Center
5985 G Road, Nebraska City, NE 68410

Department Phone: 402-873-3166 Effective Date: _____

Last Name: _____ First: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Have you ever been convicted of a felony? ☐ YES ☐ NO (If yes attach explanation)

☐ YES, I would like to volunteer

☐ YES ☐ NO Photography Release (**Details on the back- page 2)

I wish to donate my services to the University of Nebraska-Lincoln and understand there is no payment for services rendered under the volunteer program. I agree to abide by the rules, regulations and policies of UNL. I further understand confidentiality must be maintained concerning internal University information. I understand I am performing these volunteer activities at my own risk and I agree to release the University from any liability should I be injured through no fault of the department while performing duties as a volunteer. I understand I am a volunteer and not a University employee and I am not covered by Workers Compensation.

Volunteer Signature: _____ Date: _____
(Use signature of Volunteer or use Parent/Guardian signature if subject is under 19)

Photo Release Signature: _____ Date: _____
(Use signature of Subject or use Parent/Guardian signature if subject is under 19)

(Optional)

Racial Groups *(check all that apply)*

- ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native
☐ Asian ☐ Native Hawaiian or Other Pacific Islander

Hispanic Ethnicity *(check one)*

- ☐ Yes- Hispanic or Latino Ethnicity OR ☐ No – Not Hispanic or Latino Ethnicity

Residence *(check one)*

- ☐ Farm ☐ Rural non-farm or town less than 10,000
☐ Town/City 10,000-50,000 ☐ Suburb ☐ City over 50,000

Photo Release Information:

I hereby grant to the University of Nebraska the irrevocable and unrestricted right to use, reproduce, publish and copyright photos and video recordings of me taken in the course of the volunteer/4-H activity; and to use such photos for any lawful purpose, in any manner or medium, and to alter the same without restriction.

Purpose of 4-H: 4-H is a community of young people across America learning leadership, citizenship and life skills. 4-H is a formal component of the University of Nebraska Extension youth education effort. UNL Extension will provide support to 4-H clubs, members, and volunteers to help them provide positive educational experiences. In return, 4-H clubs, members and volunteers are accountable to UNL Extension for their activities and finances.

Use of the Clover: The 4-H Name & Emblem is protected under United States Code 18 USC 707. Appropriate use of the 4-H Name & Emblem is permitted by a 4-H member or volunteer once the 4-H club is chartered by National 4-H Headquarters at the Cooperative State Research, Education and Extension Service (CSREES) within the United States Department of Agriculture. For more information about use of the 4-H Name & Emblem, contact your local extension office or visit the 4-H website:
www.csrees.usda.gov/nea/family/res/youthdev_res_emblem.html.

IN OFFICE USE

Supervisor's Name: _____ Phone: _____

Description of Responsibilities: _____
