

Department of Physics Consent to Volunteer Form

Return this completed form to Debbie Nahlik in PHYS 217E

Applicants age 15 to 17: *To be considered for a volunteer position with Purdue University, please complete this form and have your parent or legal guardian sign it. You will be asked to provide a valid photo ID when you present the form to the department or unit for which you will be providing services.*

Applicants under age 15: *Please have your parent or legal guardian complete this form and accompany you when you present it to the department or unit for which you will be providing services. Both you and your parent or legal guardian will be asked to provide a valid photo ID.*

All volunteers are subject to a check of the Dru Sjodin National Sex Offender Public Website, the Indiana Sex and Violent Offender Registry, and/or any other national or state registry that may become available. Anyone appearing on one or more registries is prohibited from providing volunteer services to the University.

Volunteers may not provide services to the University until they have received confirmation that they have been approved to do so.

Name of Minor: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (Zip)

Date of Birth: _____ Gender: _____ Male _____ Female
(MM-DD-YYYY)

Telephone number where we may reach you: _____

E-mail address where we will inform you of approval status: _____

If the minor is under the age of 15, he or she must be supervised by a parent or legal guardian while providing volunteer services. Please provide the following information on the parent or legal guardian who will supervise the minor so we may perform the same registry checks on the parent/guardian as are performed on all volunteers.

Name of Parent or Legal Guardian who will supervise the minor:

(Last) (First) (Middle)

Former or other names: _____

Department Use Only

Approved

Not Approved

Date Approved _____ Staff Initials _____

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(continued on next page)

Home Address (if different from minor's):

(Street) (City) (Zip)

Telephone number (if different from minor's): _____

Date of Birth: _____ Gender: _____ Male _____ Female
(MM-DD-YYYY)

Signature of Parent/Guardian Date

Department Use Only

Approved

Not Approved

Date Approved _____ Staff Initials _____