SCHOOL OF ENVIRONMENTAL AND FOREST SCIENCES

❖ University of Washington ❖ Campus Box 352100 ❖ Seattle, Washington 98195-2100 ❖
(206) 685-0952 ❖ (206) 685-0790 (fax)

VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____

SEFS Program (if applicable): _____

Emergency Contact: _____ Relationship: _____

Address: _____

Phone: _____

- -

Faculty Supervisor: _____

Other Supervisor: _____ Phone: _____
(if applicable)

Start date: _____ End date: _____

Average number of volunteer hours per week: _____

Work Duties to be
Performed:

Location(s): _____
(where work will take place)

Will the volunteer need key/OMNI access? ☐ **YES** ☐ **NO**

Will the volunteer need a SEFS ☐ **YES** UW NetID: _____

Computing Account? ☐ **NO**

Computing Account will expire at end of Volunteer Appointment

In order to create an account a volunteer MUST have a UW NetID. Please follow the link below to create the UW account:
http://www.washington.edu/itconnect/accounts/sponsored.html

Notes: _____

(include unusual risk factors, if any)

APPROVAL
Faculty Supervisor Signature: _____ Date: _____

_____
E. Van Volkenburgh, Int. Director Date