



Office of Human Resources
1000 ASU Drive #390
Lorman, MS 39096

DATE OF APPLICATION: _____ **CAMPUS:** _____

SECTION 1. VOLUNTEER APPLICANT INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Alternate Phone: _____

Email Address: _____

SECTION 2. VOLUNTEER SERVICE DESCRIPTION

Position for which you are volunteering: (Check the applicable circle)

- Volunteering as a committee member
- Volunteering to perform casual work, from time to time (i.e., university extracurricular activities: choir, band, recruiting, service-learning, student orientation, Greek organizations, athletics activities, etc.)
- Volunteering to assist different working groups – complete volunteer application for each (i.e., task force, emergency/natural disaster efforts, university special projects, etc.)

Department: _____

Contact Person/Supervisor: _____ **Office Number:** _____

Volunteer Service Description:

Number of Hours Agreed Upon to Perform Volunteer Services Each Month
(individual should not work beyond defined work hours):

- 1 – 10**
- 10 – 15**
- 15 – 20**

Qualifications: _____

Education/Experience: _____

Skills: _____

Volunteer applicant acknowledges and understands that he/she serves Alcorn State University in an “at will” capacity. The volunteer also acknowledges and understands that if approved, he/she may only serve in this capacity for one year. Alcorn State University may terminate a volunteer’s services for any reason at all, and the volunteer is equally free to do the same. I acknowledge and understand said statement. _____

Please Initial

SECTION 3. AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

***Print all information**

NAME: _____

CURRENT ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

RACE/SEX: _____

TELEPHONE NUMBER: _____

DRIVER'S LIC#/STATE _____

I hereby authorize Alcorn State University Office of Human Resources using a third party, Credential Check, to conduct a criminal background check based upon information provided by me.

I request the inspection of all criminal records information in the possession of or accessible by any local law enforcement agency, the Mississippi Justice Information Center, any similar criminal justice information center for any other state other than Mississippi, and the Federal Bureau of Investigation, including, but not limited to, any past history of a criminal offense(s), misdemeanor or felony, for which I may have been convicted.

By giving the above-described release, I hereby waive any and all claims or liability for compliance which I may have now or in the future against Alcorn State University and the state of Mississippi, their employees and agents concerning said information, and do hereby indemnify Alcorn State University and the state of Mississippi and their employees and agents, against any and all future action with reference to the release of the above described information and the circumstances surrounding the same.

Signature

Date

Witness to Signature

Date