

THE UNIVERSITY OF CHICAGO DESCRIPTION OF VOLUNTEER SERVICE

Customize with divisional contact information

Unit Name: _____

Dates of Service: From: _____ To: _____

University Volunteer Title: _____

Primary University Supervisor: _____

Anticipated Schedule: _____

Description of Duties: _____

Other Duties: _____

Training and Certification Requirements: _____

Qualifications: _____

Specialized Skills Expected From This University Volunteer: _____

Mental and Physical Demands: _____

University Volunteer Name: _____

University Volunteer Signature _____ Date _____

Parental Name and Signature (if Volunteer is under age 18) _____
Name Signature