

VOLUNTEER PROFILE

Directions:	<ul style="list-style-type: none"> • Please complete this page, even if résumé attached • Type or print, using black ink or marker • If you need additional space, attach a separate sheet • Sign the completed application
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GENERAL

NAME (LAST) (FIRST) (MIDDLE)		TODAY'S DATE	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		DAY PHONE WITH AREA CODE	EVENING PHONE WITH AREA CODE
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS		ALTERNATE PHONE NO	BIRTHDATE, IF UNDER 18
ARE YOU A STUDENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES: 1) ARE YOUR VOLUNTEER ACTIVITIES PART OF A SCHOOL OR ANY OTHER FORMAL PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2) IF YOU ANSWERED "YES" TO QUESTION ONE, PROGRAM OR SCHOOL NAME: Civil and Environmental Engineering		
HAVE YOU EVER VOLUNTEERED FOR CORNELL? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, INDICATE DATES OF VOLUNTEER SERVICE DEPARTMENT POSITION		
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE VOLUNTEER SERVICE FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.			
DATE AVAILABLE FROM	APPROXIMATELY WHEN AND HOW MANY HOURS PER WEEK WOULD YOU LIKE TO VOLUNTEER?		

EDUCATION AND TRAINING

RELEVANT EDUCATION
RELEVANT TRAINING, SKILLS, EXPERIENCE

REFERENCES

LIST THREE PEOPLE, OTHER THAN RELATIVES OR FRIENDS, WHO HAVE KNOWLEDGE OF YOUR EXPERIENCE AND/OR EDUCATION

NAME	MAILING ADDRESS	TELEPHONE NUMBER

University Volunteer Title: AguaClara Intern

University Volunteer Duty: Research, design, and outreach for resilient surface water treatment technologies

I certify that all statements contained in this application are true. I also agree that if I am accepted as a volunteer, I will abide by all regulations of the university.

Date _____ Signature _____

Cornell University Volunteer Agreement

We are pleased that you have decided to volunteer your services to Cornell University and the Department of CEE (hereinafter referred to as "Cornell").

Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

Also, please accept our sincere thanks for your valuable contribution to Cornell University.

- 1) I agree that as a university volunteer my participation in the activities outlined in the attached Cornell University Description of Volunteer Duties is without valuable consideration. That document shall be considered a part of this agreement.
- 2) I understand that the university shall have the right to release me as a university volunteer without prior notice. I understand that I do not have a formal work appointment for those particular services.
- 3) I understand that as a university volunteer Cornell does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my university volunteer affiliation.
- 4) Cornell agrees to provide me with third party liability insurance to protect me from any claims filed against me related to the duties described in the attached Cornell University Description of Volunteer Duties. In exchange, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless Cornell or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or related to my volunteer activities.
- 5) I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.
- 6) This agreement is valid from _____ to _____ (no greater than two (2) years).

University Volunteer's Signature _____ Date

Home Address

Phone

Provide one copy of this agreement to the university volunteer.

Retain this agreement for three years from university volunteer separation.