

## **The College of New Jersey**

### **Volunteer Appointments**

#### **Purpose:**

There may be instances when the College encounters opportunities to engage individuals who have specialized skills, and have articulated an interest in volunteering at the College, on a temporary basis, to help support a College function or activity. As with compensated staff at the College, a formal appointment must be extended, and approved through the area Cabinet Officer. This will assure that those who volunteer at the College are protected with tort claim immunity, applicable insurances, etc., and are afforded appropriate access to campus services.

#### **Method of Appointment:**

In order to make a volunteer appointment, the following paperwork should be completed and forwarded through the appropriate Cabinet Officer, to the Office of Human Resources.

- 1) Volunteer Appointment Application
- 2) Volunteer Appointment Form
- 3) Volunteer Position Description
- 4) Copy of Volunteer Applicant's Resume

Once the Office of Human Resources has received a copy of the above documents, signed off by the area Cabinet Officer, a Volunteer Agreement will be generated and forwarded to the volunteer applicant.

#### **Special Considerations:**

The College may not appoint a volunteer under the age of 18.

**The College of New Jersey**  
**Volunteer Appointment Application**

Date

Name

College Unit (School/Department/Center/Advisory Group) in Which You Wish to Volunteer

Position to Which You Wish to Volunteer

Date of Birth

Home Address

Home Phone Number

Email Address

Do you have a valid driver's license? (*Answer only if requirement of the position*)

Yes       No

Have you ever been convicted of or pled "no contest" (or "nolo contendere") to violating any law other than a minor traffic offense?  Yes       No

If yes, please describe the violation.

I understand that this is an uncompensated position.

---

Applicant Signature

Date

**The College of New Jersey**  
**Volunteer Appointment Form**  
**(To be completed by Appointing Unit)**

Volunteer Name:

College Unit (School/Department/Center/Advisory Group):

College Officer/Supervisor Name:

Volunteer Title/Position Function:

Campus Address:

Campus Phone #:

Appointment Begin Date:

Appointment End Date:

Assignment Schedule:

Day	From	To	Comments
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Cabinet Officer Signature

\_\_\_\_\_  
 Date

*Forward completed form to the Office of Human Resources, 101 ASB.*