

Basic Information

Date _____

Last Name _____

First Name _____

Middle or Maiden Name _____

Mailing Address _____

City _____

State _____

ZIP _____

Cell Phone _____

Home Phone _____

Email _____

Birthdate _____

Occupation (if retired, what did you do pre-retirement?) _____

Interests & Skills

- | | | |
|--|---|---|
| <input type="checkbox"/> Alumni Relations | <input type="checkbox"/> Mailings | <input type="checkbox"/> CPR Instructor |
| <input type="checkbox"/> Archaeology Museum | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Mechanics | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Art | <input type="checkbox"/> Office Skills | <input type="checkbox"/> Detail-oriented |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Origins Exhibit | <input type="checkbox"/> Digital Photography |
| <input type="checkbox"/> Biology Trail / Hiking | <input type="checkbox"/> Photography | <input type="checkbox"/> Finish Carpentry |
| <input type="checkbox"/> Campus Ministries | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Foreign Language—Spanish |
| <input type="checkbox"/> Campus Safety | <input type="checkbox"/> Recruitment/Advising | <input type="checkbox"/> Foreign Language—French |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Spiritual Matters | <input type="checkbox"/> Foreign Language—German |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Sports | <input type="checkbox"/> Foreign Language—Italian |
| <input type="checkbox"/> Event Planning / Receptions | <input type="checkbox"/> Telephoning | <input type="checkbox"/> Foreign Language—Russian |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Tutoring/Mentoring | <input type="checkbox"/> Foreign Language—ASL |
| <input type="checkbox"/> Foreign Missions | <input type="checkbox"/> WSMC Radio | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Personal Trainer |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Bible Studies | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Library | <input type="checkbox"/> Creativity | <input type="checkbox"/> Writing |

Certification/Licenses _____

Community Activities

- ☐ Retiree/Community Member
 ☐ SAU Alumni
 ☐ SAU Student
 ☐ Mandate Volunteer
- ☐ Service Club
 ☐ Member of church/church groups
- ☐ Volunteer Activities: (group name, activities, month/years of service)

1. _____

3. _____

2. _____

4. _____

Medical

Do you have any special medical needs or conditions? ☐ Yes ☐ No

If yes, please elaborate _____

In Case of Emergency

_____ <i>Name</i>	_____ <i>Relationship</i>
_____ <i>Contact's Phone</i>	_____ <i>Your Primary Care Physician's Name</i>

References

Please fill out the following information which represents the screening process for becoming a Lights Volunteer.

Most Recent Employer

_____ <i>Name of Business</i>	_____ <i>Supervisor</i>
_____ <i>Mailing Address</i>	_____ <i>Phone</i>
_____ <i>Last Position Held</i>	_____ <i>Length of Employment</i>

Personal Reference

_____ <i>Name</i>	_____ <i>Relationship to Applicant</i>
_____ <i>Mailing Address</i>	_____ <i>Phone</i>

Pastoral Reference

_____ <i>Name</i>	_____ <i>Name of Church</i>
_____ <i>Mailing Address</i>	_____ <i>Phone</i>

Please return completed application and accompanying documentation to:

Lights Volunteers
Southern Adventist University
Lynn Wood Hall, Room 2026
PO Box 370, Collegedale, Tennessee 37315
Ph. 423.236.2832 Email. volunteer@southern.edu



Statement of Commitment

I have read the *Southern Lights Volunteer Handbook* (go to www.southern/volunteer) and understand the hazards, benefits, and other conditions related to being a Lights Volunteer. I agree to follow the guidelines and policies set forth herein.

Date: _____

Print Name: _____

Signature: _____

Photo Release Form

I give permission to Southern Adventist University to use and publish my photograph in educational and promotional purposes without compensation.

Date: _____

Print Name: _____

Signature: _____



Notice to Volunteers Regarding Consumer Reports And Consent to Background Check

As a volunteer at Southern Adventist University, the University may obtain from a consumer reporting agency or other person, company or agency, a report containing information regarding your background, references, qualifications, character, past employment, education, credit, driving history, and criminal or police records. The University may also conduct its own investigation into these same matters. Information may be obtained from both public and private sources and may be used to verify the information

By signing below, you acknowledge receipt of the above notice.

Receipt of Notice Acknowledged:

Volunteer's Signature

Date

As a volunteer at Southern Adventist University, I have received notice that the University may obtain from a consumer reporting agency or other person, company or agency a report containing information regarding my background, references, character, past employment, education, credit, driving history, and criminal or police records. I have also been notified that the University may conduct its own investigation into these same matters.

I hereby authorize the University to obtain reports as described above from any consumer reporting agency and/or from any other person, company, or agency, and I also authorize the University to conduct its own investigation on these matters. I authorize all previous employers, personal references, consumer reporting agencies, law enforcement departments, and others having knowledge or information about me to provide such information as the University may request. I agree that a facsimile or copy of this authorization may be accepted with the same authority as the original. To the full extent that I may legally do so, I hereby specifically release and waive any and all claims or rights of action which I may now or hereafter have against the University and/or any other person, company or agency that this authorization supplies information permitted by, in connection with the University's obtaining the information described above.

I am providing the information set forth below to assist in the background investigation and reporting which I have authorized. I hereby certify that the information below is true, correct and complete.

Print Name

Volunteer's Signature

Date

Social Security Number

Driver's License: State

Number

In chronological order, list all cities/states in which you have resided within the last five (5) years:

1. _____

3. _____

3. _____

4. _____

List any other names used (*nicknames, maiden/married last names*) _____

Birthdate

Race

Gender



Confidentiality & Password Security Statement

I understand that during my volunteer service, I may have access to student and other University information which is protected by privacy and confidentiality laws as well as University policies. I agree to the following responsibilities:

- My login and password is equivalent to my legal signature, and I will be responsible and accountable for all work using this password.
- I will not disclose my login and password to anyone, nor will I attempt to learn another person's login and password.
- I will treat all employee, student, alumni, and donor information (both written and electronic) as private and confidential and only release it to persons with a need to know.
- I will access student information only on those students necessary to assist me in performing my job.
- I understand it is my responsibility to immediately contact Information Services if I have reason to believe that another associate has learned my login and password.
- I understand that electronically-stored communications that are transmitted, received or contained in the University's information systems are property of the University and are to be used for business purposes only. Offensive jokes, "for-profit" messages, solicitation, chain letters, or other information deemed inappropriate may not be forwarded via the University's electronic communication systems.
- No documents containing student information or other University information may be removed or copied for personal use.

I understand that a breach of the above responsibilities is subject to CORRECTIVE ACTION which may result in discharge.

Volunteer's Printed Name

Volunteer's Signature

Date



Parking Permit Authorization

Vehicle Information

Make *Model* *Year*

Color *Type (4-door, 2-door, wagon, etc.)*

State *License Plate Number*

I hereby recognize that when I cease volunteerism at Southern Adventist University, my parking permit will no longer be valid. All the information I have provided above is accurate and can be used to identify and contact me.

Printed Name

Signature

Date