

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

Interests		Skills	
<input type="checkbox"/> Alumni Relations	<input type="checkbox"/> Lights Volunteer Office	<input type="checkbox"/> Adding Machine	<input type="checkbox"/> InDesign
<input type="checkbox"/> Archaeology Museum	<input type="checkbox"/> Mailings	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> MS Word
<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Auto Mechanics	<input type="checkbox"/> Organizing
<input type="checkbox"/> Art	<input type="checkbox"/> Mechanics	<input type="checkbox"/> Bible Studies	<input type="checkbox"/> Personal Trainer
<input type="checkbox"/> Biology	<input type="checkbox"/> Origins Exhibit	<input type="checkbox"/> Creativity	<input type="checkbox"/> PowerPoint
<input type="checkbox"/> Biology Trail	<input type="checkbox"/> Photography	<input type="checkbox"/> CDL	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Bulletin Boards	<input type="checkbox"/> Receptionist	<input type="checkbox"/> CPR Instructor	<input type="checkbox"/> Typing
<input type="checkbox"/> Campus Ministries	<input type="checkbox"/> Receptions	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Vegan Cooking
<input type="checkbox"/> Campus Safety	<input type="checkbox"/> Recruitment/Advising	<input type="checkbox"/> Decorating	<input type="checkbox"/> Writing
<input type="checkbox"/> Career Advising	<input type="checkbox"/> Scrapbooking	<input type="checkbox"/> Detail-oriented	<input type="checkbox"/> _____
<input type="checkbox"/> Development/Fundraising	<input type="checkbox"/> Set-up/Tear Down Events	<input type="checkbox"/> Digital Photography	<input type="checkbox"/> _____
<input type="checkbox"/> Docent	<input type="checkbox"/> Student Contact	<input type="checkbox"/> Excel	<input type="checkbox"/> _____
<input type="checkbox"/> Driving	<input type="checkbox"/> Spiritual Matters	<input type="checkbox"/> Filing	<input type="checkbox"/> _____
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Sports	<input type="checkbox"/> Finish Carpentry	<input type="checkbox"/> _____
<input type="checkbox"/> Environmental Action	<input type="checkbox"/> Teaching	<input type="checkbox"/> Foreign Language—Spanish	
<input type="checkbox"/> Food Service	<input type="checkbox"/> Telephoning	<input type="checkbox"/> Foreign Language—French	
<input type="checkbox"/> Foreign Missions	<input type="checkbox"/> Tutoring/Mentoring	<input type="checkbox"/> Foreign Language—German	
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Writing	<input type="checkbox"/> Foreign Language—Italian	
<input type="checkbox"/> Hiking	<input type="checkbox"/> WSMC Radio	<input type="checkbox"/> Foreign Language—Russian	
<input type="checkbox"/> Host/Hostess	<input type="checkbox"/> _____		
<input type="checkbox"/> Landscaping	<input type="checkbox"/> _____		
<input type="checkbox"/> Library	<input type="checkbox"/> _____		

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. _____
2. _____

3. _____
4. _____

Service Preferences

Lights Program

On-Call

Special Projects

Mandate Volunteer

hours per shift _____

days per month _____

Preferred times of day: *(Circle all that apply)*

Morning

Afternoon

Evening

Late Night

Preferred days of the week: *(Circle all that apply)*

SU

M

TU

W

TH

F

SA

Notes _____

What are your expectations for volunteer service? _____

Medical

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

If yes, please elaborate _____

In Case of Emergency

Name *Relationship*

Contact's Cell Phone *Contact's Home Phone*

Your Birthdate *Your Primary Care Physician's Name*

References

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

Most Recent Employer

Name of Business *Supervisor*

Mailing Address *Phone*

Last Position Held *Length of Employment*

Personal Reference

Name

Relationship to Applicant

Mailing Address

Phone

Pastoral Reference

Name

Name of Church

Mailing Address

Phone

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

After reading the *Lights Volunteer Handbook*, read and sign this form and be ready to present it before volunteering can begin.

I have read the Southern Lights Volunteer Handbook 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: _____



Notice to Volunteers Regarding Consumer Reports

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. You will be asked to complete a separate document to provide information that may be used for these purposes.

Receipt of Notice Acknowledged:

Volunteer's Printed Name

Volunteer's Signature

Date



Consent to Consumer Report & Background Check

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*

Print First Name *Print Middle Name* *Print Last Name*

Street Address *City* *State*

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. _____

FOR IDENTIFICATION PURPOSES ONLY *(Please use additional space on the back of this sheet if needed):*

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

Birthdate *Race* *Gender*

Terminal Degrees

University *City* *State*



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

Personal Information

ID Number *Birthdate*

Last Name *First Name* *Middle or Maiden Name*

Mailing Address *City* *State*

Cell Phone *Home Phone* *Email (does not have to be a Southern account)*

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.

Volunteer *Date*

Volunteer Coordinator *Date*



Statement of Commitment

After reading the online *Lights Volunteer Handbook*, read and sign this form and be ready to present it before volunteering can begin.

(www.southern.edu/volunteer)

I have read the Southern Lights Volunteer Handbook 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: _____