

**FACULTY VOLUNTEER FORM**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This form is to be used for approval and documentation of faculty service to the institution outside of assigned responsibilities and normal workweek. The form must be submitted to division chair prior to participating in the activity for approval and returned within one week of the date of volunteer activity to provide documentation of the participation.*

DESCRIPTION OF VOLUNTEER ACTIVITY:

LOCATION OF ACTIVITY: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

NUMBER OF HOURS REQUESTED: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

Division Chair

DATE: \_\_\_\_\_