

MIDDLE GEORGIA STATE UNIVERSITY  
Request for Volunteer Services

*To be completed by the Unit, Office, or Department Director. If approved, attach the signed Volunteer Agreement Form and Background Request Form and submit to Human Resources.*

|                         |                 |
|-------------------------|-----------------|
| Unit/Office/Department: | Date Submitted: |
|                         |                 |

Description of Volunteer Duties:

Begin Date:

End Date:

Benefits Provided to the University:

Submitted by:

(Printed name) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

*To be completed by approving official.*

|   |              |
|---|--------------|
| Approved:    YES <input type="checkbox"/> NO <input type="checkbox"/> |              |
| (Printed Name) _____  | Title: _____ |
| Signature: _____  | Date: _____  |