

SCHOOL OF ENVIRONMENTAL AND FOREST SCIENCES

❖ University of Washington ❖ Campus Box 352100 ❖ Seattle, Washington 98195-2100 ❖
(206) 685-0952 ❖ (206) 685-0790 (fax)

VOLUNTEER APPLICATION

Last Name: _____ First Name: _____
Address: _____
Phone: _____ Email: _____
SEFS Program (if applicable): _____

Emergency Contact: _____ Relationship: _____
Address: _____
Phone: _____

Faculty Supervisor: _____
Other Supervisor: _____ Phone: _____
(if applicable)
Start date: _____ End date: _____
Average number of volunteer hours per week: _____

Work Duties to be
Performed:

Location(s):
(where work will take place) _____

Will the volunteer need key/OMNI access? YES NO
Will the volunteer need a SEFS YES UW NetID: _____
Computing Account? NO

***Computing Account will expire at end of
Volunteer Appointment***

In order to create an account a volunteer MUST have a UW NetID
Information about sponsored UW NetIDs:

<http://www.washington.edu/itconnect/accounts/sponsored.html>

Notes:
(include unusual risk factors, if any) _____

APPROVAL

Faculty Supervisor Signature: _____ Date: _____

Dan Brown, Director

Date