

A FORM FOR VOLUNTEERS

To the head of the department where the volunteer will serve:

Name of Volunteer _____

I.D. Number _____

Address: _____

Phone number: _____

E-mail: _____

1. I, the undersigned, hereby offer my services in your department as _____ from date: _____ within the bounds of _____ weekly hours.
 2. I hereby agree that I do not expect to receive any payments for my volunteering and I will not be ensured by Social Security or any other insurance (except third party insurance in case of University's negligence). I accept full responsibility on all activities associated with my volunteering at the University.
 3. I am also committed to the University for Secrecy of all knowledge that I acquire in the role of my volunteering and will not reveal to any person except for those who are eligible by law.
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To:

The Head of Personnel Department

I hereby recommend accepting the services of the above volunteer for the following reasons:

Name of the Head of Department: _____

Date: _____ Signature: _____