

For Volunteer Workers Compensation Coverage

Section One – Volunteer Information:

Name of Volunteer (Please Print): _____ Social Security #: _____

Address: _____ City: _____ State: _____

Check one: New Volunteer Repeat Volunteer

Section Two – Department Information:

Department in which Volunteer will be Working: _____

Start Date: _____ End Date: _____

Assigned Task(s): _____

Known Hazards (please list): _____

Dept. Contact Person: _____ Contact Phone #: _____

Fund # _____ Dept. # _____ Account # _____ Program Code # _____ Proj. Code: _____

Section Three – Approvals:

Supervisor: _____ Date: _____

Dept. Head: _____ Date: _____

UND Risk Management: _____ Date: _____

Return Completed Form to:

**Office of Safety
3851 Campus Road Stop 9031
E-mail: UND.Safety@email.und.edu
Fax: 701-777-4132**