



OLD DO UNIVERSITY

Volunteer Agreement – Non-Research

Date

(volunteer's name)

(volunteer's address (street))

(volunteer's address (city, state, zip))

(volunteer's name)

You will receive training on the duties you will be performing and feedback will be given to you as needed.

I have read and understand the above information and I agree to the terms of the duties as a volunteer at Old Dominion University.

Signature:

Date:

Emergency Contact:

Name

Phone