

To be completed by Division Manager/Department Head

List specific tasks volunteer will perform (list equipment, material, potential hazards, etc.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Location(s) volunteer will be assigned.

1. _____
2. _____
3. _____

Name and classification of volunteer's immediate supervisor:

Start Date: _____

Expected duration of assignment: _____

Reviewed By: _____	_____
Division Manager	Date
Approved By: _____	_____
Department Head	Date
Forward a copy of the completed application to the Risk Manager.	