



Form to be Completed by the Department

DEPARTMENT DATA

Mentor for Volunteer (Faculty/Administrator responsible for Volunteer)

First Name Last Name
Phone Number Email Address
Title Department

About the Volunteer Opportunity

Duration of Volunteer Role (should not exceed one year) From To

To request an exception, please provide your rationale for review and approval below

Empty box for rationale

Number of hours per week

Describe the general nature of the activities that will be performed by the volunteers

Empty box for activity description

Is the volunteer a student? Yes No
Has the volunteer ever worked for Iona College Yes No
Is this volunteer replacing or augmenting paid employees? Yes No

Volunteer Data

First Name Last Name
Address Street Apt.
City: State Zip Code
Email Address Home Number Cell Number

Is the volunteer at least 16 years of age? Yes No

Statement & Conditions

By signing below and submitting this form, the mentor for the volunteer will ensure that the volunteer will be provided with appropriate oversight at all times and, if required, the volunteer will receive the appropriate clearance(s) and safety orientation for the role to which the volunteer has been assigned.

Name of Mentor Signature of Mentor Date