

MIDDLE GEORGIA STATE UNIVERSITY  
Request for Volunteer Services

*To be completed by the Unit, Office, or Department Director. If approved, attach the signed Volunteer Agreement Form and Background Request Form and submit to Human Resources.*

Unit/Office/Department:	Date Submitted:

Description of Volunteer Duties:

Begin Date:

End Date:

Benefits Provided to the University:

Submitted by:

(Printed name) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To be completed by approving official.*

Approved:      YES      NO	
(Printed Name) _____	Title: _____
Signature: _____	Date: _____