



# OLD DO UNIVERSITY

## Volunteer Agreement – Non-Research

Date

(volunteer's name)

(volunteer's address (street))

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

Signature (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