



Volunteer Packet

- Sexual Harrassment Policy
- Copy of Drivers License and/or Passport

Notes:

VOLUNTEER INFORMATION

Last Name	First Name	SSN#	Date of Birth
Street Address		City, State, Zip	
Drivers License Number	State Issued	Expiration Date	
Home Phone	Cell Phone	Email Address	
Other Household Member Last Name	First Name	SSN#	Date of Birth
Drivers License Number	State Issued	Expiration Date	

Confidentiality Agreement

In the course of my volunteering I may handle or have access to confidential information. Such confidential information or documentation may include personal information of our faculty, staff, students, alumni, donors, or members of the public that is required to be kept confidential to protect the privacy of the individuals to whom the information relates. I agree not to communicate such information with anyone outside of UWC USA. I understand that if I do not comply with this Agreement my status as a getaway volunteer will be revoked.

Volunteer Signature	Volunteer Signature
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UWC Office Use ONLY

Background Run **Motor Vehicle Request to Ins**