

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 submit to humanresources@mga.edu.

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 Human Resources

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