



Ave Maria University NEW VOLUNTEER FORM

Volunteer Name _____

Please attach Resume/ CV

Volunteer Phone Number _____

Volunteer Email Address _____

Volunteer Position _____

Dept. #/ Name _____ Volunteer Service Period _____

Stipend Start Date _____ Stipend End Date _____

Total Stipend _____ Monthly Amount _____ Biweekly Amount (HR) _____

Direct Supervisor _____

Department Head

Date

Department Vice President

Date

Finance/Business Office

Date

Additional Comments