

MACALESTER
COLLEGE



TO: _____, Volunteer

FROM: Human Resources

DATE: _____

This memo will confirm your services as a volunteer to Macalester College in the Department/Office

of _____ for the period of _____

to _____. You will not have any of the rights/benefits that normally accrue to paid employees, including worker's compensation insurance. However, you will be covered by the College's professional liability insurance while acting within the scope of your volunteer duties.

We appreciate your services as a volunteer and the contributions you will make to the College. We thank you for this effort.

Please sign below and give this memo to your supervisor who will provide copies to you and the Administration Office and return the original to the Human Resources Department.

Thank you.

Volunteer Certification

I understand that any faculty, staff, student or volunteer user of Macalester's facilities is required to comply with the Campus Security Act and Sex Crimes Prevention Act of 2002, including self-registration with appropriate State agencies. Failure to comply with this requirement, if applicable to me, will end my volunteer association with Macalester College.

Volunteer Signature

Supervisor Signature

cc: Volunteer
Supervisor
V.P. of Administration

The Annual Safety and Security Information Report required by the Student Right-to-Know and Campus Security Act and its amendments is available upon request from Macalester's Human Resources Department or access the following website: <http://www.macalester.edu/security/annual-crime-report-text.html>. The report contains crime definitions, certain campus crime statistics, reporting procedures, prevention programs, and drug and alcohol policies.

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Macalester ID Creation and ID Card Authorization for Non-Students or Non-Employees

Instructions

This form is used to request access to Macalester resources and to request a Mac ID card for non-students or non-Macalester employees. When complete, please bring it to the HR Office (77 Mac, 2nd floor) for completion and ID verification. Department authorization is required for independent contractors, on-campus vendors, community members, and volunteers.

(Information reported is treated as confidential and protected by college policy - Please complete it fully.)

In addition to this completed form, please bring a government issued picture ID (these could include):

Drivers License, Passport, Permanent Resident Card, or other official ID with picture.

Questions should be directed to Human Resources (651-696-6280 or hr@macalester.edu)

Name and Person Information

Last or Family (Legal)	First or Given (Legal)	Middle (Legal)
Preferred First Name/Nickname	Social Security Number	Birth Date

Permanent Address and Phone

Street	City	State	Zip

Phone & E-Mail

()	()	()	
Home	Cell	Other	E-mail

Emergency Contact Information

Name	Relationship

Emergency Contact Address

Street	City	State	Zip

Emergency Contact Phone: () _____

Affiliation with Macalester (check one and complete section)

Independent Contractor or On-Campus Vendor
(requires authorization signature, department, and ID expiration date)

Organization or Company	Job Title

Athletics Facilities Membership (requires authorization signature, department, and ID expiration date)

Visiting Scholar or Volunteer (requires authorization signature, department, and ID expiration date)

Spouse or Registered Domestic Partner of Macalester Employee (Enter Mac Employee Name →)

Authorization

Affiliated Mac Department	Authorized Mac Signature & Date	ID Card Expiration Date