MACALESTER COLLEGE



TO:		_ Volunteer					
	,	Supervisor					
FROM:	Employment Services						
DATE:	/ /						
		-					
This mem		er to Macalester College. You will be volunteering ent from / /					
/		not have any of the rights or benefits that normally					
accrue to paid employees, including but not limited to Workers' Compensation Insurance. However, you will be covered by the College's Professional Liability Insurance while acting within the scope of your volunteer duties.							
voiunteer	uuties.						
	eciate your services as a volunteer and the u for this effort.	contributions you will make to the College. We					
Please sign below and give this memo to your supervisor who will provide a copy to you and will return the original to the Employment Services Department.							
Thank yo	u.						
Volunteer Certification I understand that any faculty, staff, student, or volunteer who uses Macalester's facilities is required to comply with the Campus Security Act and Sex Crimes Prevention Act of 2002, including but not limited to self-registration with appropriate State agencies. Failure to comply with this requirement, if applicable to me, will put a permanent end to my Volunteer association with Macalester College.							
Volunteer	r's Signature	Supervisor's Signature					

The Annual Safety and Security Information Report is produced annually, as required by the Student Right-to-Know and Campus Security Act and its amendments. It is available upon request from Macalester's Employment Services Department, or accessible via Macalester's Security website. The report contains crime definitions, certain campus crime statistics, reporting procedures, prevention programs, and drug and alcohol policies.



Macalester ID Creation and Authorization Form 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, 201) 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 form, please bring a government-issued photo ID, such as: Driver's License, Passport, State ID card, Permanent Resident Card, etc.

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

Questions should be directed to Employment Services (051-090-0200 or inwinacalester.edu)								
Personal Information								
Last or Family Name (Legal)		First or Giv	First or Given Name (Legal)		Middle Initial			
Preferred First Name		Social Secu	Social Security Number		Birth Date			
Treferred First Number	-	Bociai Beea	Social Security Number		Bitti bacc			
				State	T			
Street Address		City	City		Zip Code			
Home Phone	Home Phone Cell Phone Em.		ldress					
Emergency Contact Information								
		_	First or Given Name		Relationship			
East of Funny Punc			That of diver Name		Reactionship			
					T			
Street Address		City	City		Zip Code			
Home Phone		Cell Phone	Cell Phone		Other			
Macalester Affiliation								
Athletics Facilities Membership			Department/Team:					
☐ Visiting Scholar			_					
Visiting Scholar			Department:					
└─ Volunteer			Department:					
Spouse/Partner of Mac Employee			Employee's Name:					
			Employee's Name:					
☐ Independent Contractor/Vendor			Company:					
Authorizations								
Supervisor Name/Title Supervisor			Signature ID Card Expiration Date					