**Sponsoring Unit: Partnering Academics and Community Engagement (PACE)**

**Supervisor/Department Head:**

**Volunteer Information for PACE Community Engagement Project**

**PACE Project Information**

|  |  |
| --- | --- |
| Semester/Year: | Today’s Date:  |
| Course Number and Title:  | Course Instructor: |
| Community Partner Site Location: |
| Date(s) you will be at the Site: |

**Student Information**

|  |  |
| --- | --- |
| Name: | LakerID:  |
| Address:  | Cell phone number: |
| Email: |

**Emergency Contact**

|  |
| --- |
| Name:  |
| Relationship:  | Primary phone number: |

**Student Agreement:**

* I agree that, by signing this form, I am available to travel on the specified date(s).
* Furthermore, I understand that I am traveling as a representative of Clayton State University and that my conduct while traveling on University business is subject to the standards set forth in the Clayton State Student Code of Conduct.
* I acknowledge that I have completed any additional documentation and/or paperwork required by the project site.
* I acknowledge the existence of risks in connection with this trip and assume responsibility of any exposure to such risks, and agree to accept the responsibility of any injury sustained, as well as, all associated medical expenses as a result of any injury.
* I acknowledge that neither the State of Georgia nor Clayton State University provides for accidental death or dismemberment or health insurance coverage.
* I am also aware that there may be some expenses (i.e., food, refreshments, etc.) that I must pay out-of-pocket with personal funds.
* I also understand that my picture may be taken and may appear in an authorized university photo as a part of general marketing (web and / or print copy) for the University.

Student Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Signature (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Faculty Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

CC: Corlis Cummings, VP Business and Operations Manager