

Recordkeeping: Volunteer Action Notice

GENERAL INFORMATION

Name: _____ Soc Sec # _____ - _____ - _____ M F
(Last, First, Middle) (Sex)

Mailing Address: _____, _____, _____
(Number and Street) (City) (State) (Zip)

Home Phone (____) _____ Cell Phone (____) _____ Date of Birth ____/____/____
(mm) / (dd) / (yyyy)

E-Mail _____ Alt E-Mail _____

Emergency Contact _____ (_____) _____
(Name) (Relationship) (Phone #)

VOLUNTEER APPOINTMENT

Start Date ____/____/____ Job Title _____ Dept _____

Supervisor _____

TRANSFER, CHANGE POSITION, SUPERVISOR, OTHER

Transfer to Dept _____ Effective Date ____/____/____

New Position Title _____ Effective Date ____/____/____

New Supervisor _____ Effective Date ____/____/____

Other Change in Status: _____ Effective Date ____/____/____

SEPARATION FROM VOLUNTEER APPOINTMENT

Voluntary or Involuntary Effective Date ____/____/____

Termination Reason: _____ Last Day Volunteered ____/____/____

ADMINISTRATIVE APPROVALS & PROCESSING

First Approval _____ (Signature)	_____ <u>David H. Green</u> (Supervisor's Printed Name) Senior Pastor & Head of Staff	____/____/____ (Date Signed)
2nd Approval _____ (Signature)		____/____/____ (Date Signed)
Data Entered by _____ (Signature)	_____ Printed Name	____/____/____ (Date Entered)