

TEXAS LUTHERAN UNIVERSITY
Intercollegiate Athletics
Volunteer Worker Position
Description

Volunteer Name: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Working Title: _____ Sport/Program: _____

Work Schedule: _____

Description of Duties:

Special Skills or Licenses Required:

I have read this position description and understand that my volunteer service at Texas Lutheran University is without pay or benefits. TLU retains the right to control the volunteer job function, how and when it is performed, and the duties of the work.

Volunteer Worker's Signature

Date

Supervisor's Signature

Date

Athletic Director's Signature

Date

Cc: Human Resources
Department Copy