

TEXAS LUTHERAN UNIVERSITY

Intercollegiate Athletics

Volunteer Worker Position
Description

Volunteer Name: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Working Title: _____

Name of Sport or Program: _____

Start Date: _____ End Date: _____

Work Schedule: _____

Description of Duties:

Special Skills or Licenses Required:

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

Volunteer Worker's Signature

Date

Supervisor's Signature

Date

Director's Signature

Date