

EMERGENCY CONTACTS

1. Contact Name: _____

Telephone Number: _____ Relationship: _____

2. Contact Name: _____

Telephone Number: _____ Relationship: _____

REFERENCE CONTACTS

1. Personal Reference: _____

Phone # and e-mail: _____

2. Professional or work-related: _____

Phone # and e-mail: _____

I certify that all information provided by me in this Volunteer Application is true and complete. I authorize Roger Williams University, including Roger Williams University School of Law ("University"), to conduct any investigation with respect to my application and release the University, my former employers, and references from any liability from damage caused by giving or receiving information about me.

Applicant Signature: _____

Date: _____

APPROVALS

Human Resources: _____

Date: _____

Office of General Counsel: _____

Date: _____