

## HLS Volunteer Questionnaire

Name of Prospective Volunteer(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Provide brief summary of the volunteer activities to be performed:

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2. Is the volunteer program designed to provide the individual with practical career experience in furtherance of his or her education?

Yes  No

If yes, please describe how the practical career experience will further the individual's education.

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3. Will training be provided?

Yes  No

If yes, please describe the nature of the training, including who will offer the training and its duration.

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4. Is the volunteer program academically oriented for the benefit of the individual?

Yes  No

If yes, please describe the academic orientation of the volunteer program.

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5. Will the individual receive academic credit?

Yes  No

If yes, please describe the academic credit and note the institution of learning and any school contact person.

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6. Are the activities to be performed by this individual currently being performed by a Harvard employee?

Yes  No

If yes, please identify the Harvard employees performing those services.

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7. Will the activities to be performed by this individual either a) displace an existing employee or b) eliminate the need to hire an employee?

If answer to either question is yes, please explain.

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8. Will the individual receive close supervision?

Yes  No

If yes, please describe the nature of the supervision and who will provide it.

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9. Will Harvard receive any immediate benefits from this individual's activities?

Yes  No

If yes, please describe the benefits to Harvard, including any productive work expected to be performed by the individual.

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10. Will the supervision of this individual, on occasion, take the supervisor's time away from the performance of productive work or otherwise hinder the department's usual operations?

Yes  No

If yes, please describe the expected amount of time that will be taken away from productive work in order to supervise this individual.

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11. Does the individual understand that he or she is not entitled to a job at the end of the volunteer program?

Yes  No

If yes, please document the basis of this understanding (conversation, written communication).

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12. Does the individual understand that he or she is not entitled to wages?

Yes  No

If yes, please document the basis of this understanding (conversation, written communication).

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13. What is the expected duration of the volunteer program?

Start date \_\_\_\_\_ End date \_\_\_\_\_

14. Will the volunteer be practicing law?

Yes  No

Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

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Date received by HR: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved:  Yes  No