



Note Taker Volunteer Form

Name: _____

ID#: _____

Phone: _____

E-mail: _____

(Note: E-mail is our primary method of contact. Please check your e-mail regularly.)

Program: _____

Semester / Year: _____

Please indicate session: Academic YEAR: _____

Fall ☐Winter ☐Intersession ☐Summer ☐

Which notetaking style do you plan to use? (Check all that apply)

Typed Notes (E-mail) ☐Handwritten (Photocopy) ☐

Please list all courses in which you would like to act as a Notetaker:

Course Code	Section	Instructor

NOTETAKER VOLUNTEER TERMS OF AGREEMENT

I, _____, am aware of the confidential nature of information concerning those who use Student Accessibility Services. If such confidential information comes to my knowledge due to the nature of my work with the Student Accessibility Services, I agree not to divulge such information either within or outside of the University. **I agree to attend all classes in their entirety (unless special circumstances occur). If I am unable to attend a class, I will notify Student Accessibility Services as soon as possible to allow for time to make alternate arrangements. Should I be unable to fulfill the obligations of my notetaking duties, I will contact the student and/or Student Accessibility Services.** I recognize that my position as a volunteer is conditional upon my agreement and compliance with this Agreement:

 Volunteer Signature

 Date