



**NOHS 2019 CONFERENCE STUDENT VOLUNTEER AGREEMENT**  
**This form and conference registration fees are due by September 27, 2019.**

I (print your name) \_\_\_\_\_, plan to attend the NOHS 2019 National Conference in Anaheim, CA (October 23-25). Prior to submitting your agreement, please make sure to read the eligibility requirements and expectations.

**Eligibility Requirements and Expectations**

1. I agree that I am a NOHS student member in good standing. (If you are not a member, please visit [www.nationalhumanservices.org](http://www.nationalhumanservices.org) to join). A student is any individual who is currently enrolled in a course in human services or a closely related field (sociology, social work, counseling, psychology, etc.) and shares the mission and purpose of NOHS.
2. **I agree to pay the conference rate of \$200.00** at the time of acceptance. *One-half of this fee will be returned after conference if commitments are met. None of the fee will be returned without a cancellation notice at least 7 days before the conference begins.*
3. I agree to view the Student Volunteer Orientation video prior to my assignments. *(Link will be emailed to you after you have registered and payment is received.)*
4. I agree to sign in/out at the Registration Table at the beginning/end of each day when I am volunteering.
5. I agree to notify my faculty liaison or NOHS Volunteer Coordinator 24 hours before assigned duties if I am unable to work the day(s) and hours assigned.
6. Volunteers will be assigned to various conference areas as determined by the NOHS Volunteer Coordinator. Those areas may include, but are not limited to, pre-conference set-up not typically done by the hotel staff, serve as conference session hosts, assist with the keynote speakers, breakfast/ lunch ticket collection or other tasks determined appropriate by the VP of Conference and the NOHS management company.
7. Please note that there will be no student volunteers working the registration table as this task is organized and managed by the VP of Conference and management company representative.

Indicate your availability to volunteer: Please note that specific time slots will be communicated once the scheduled has been developed. When selecting a day, please plan on being available at any time during the operating hours of the conference on that day. Once you have submitted your agreement you will receive a separate email with instructions on how to register for the conference.

☐ Wed, Oct. 23      ☐ Thurs., Oct. 24      ☐ Fri., Oct. 25

Name: (please print) \_\_\_\_\_  
Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
College/University \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FACULTY ATTESTATION:**

I, (print name) \_\_\_\_\_, attest that the above student is enrolled in classes at my college/university.  
Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
College/University \_\_\_\_\_