

ID # ( \_\_\_\_\_ ) \_\_\_\_\_

This is the unique five-digit iClass card number  
(located on back bottom of your card \*xxxxx)  
followed by your student/staff number

## Central Animal Facility

### VOLUNTEER Access Card Record

OVC Volunteer Dog Walker

Volunteer Dog Walker

Volunteer Small Animal Socializer

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Central Animal Facility- Building 12	Orientation
Schedule: Monday to Friday Access Hours: 8:30 AM – 4:30 PM Access Termination: _____	Orientation provided by: _____  Date: _____

**I understand that I must swipe IN and OUT of the facility on entry and exit.**

**I acknowledge that this card access is for my exclusive use and I agree NOT to share my card or allow others access to the facility at any time.**

**While in the facility, I must have my card available to staff for identification.**

**I understand that access to the Central Animal Facility and/or Isolation Unit is computer and camera-monitored by both facility staff and Campus Police.**

**Inappropriate usage of facilities will result in the termination of Volunteer appointment.**

**By signing this form, I agree to the terms above set out by E-Access and Campus Animal Facilities.**

Supervisor Name: \_\_\_\_\_

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

**I AGREE TO THE TERMS AND CONDITIONS OUTLINED ON THE PREVIOUS PAGE.**

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

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

*(Office Use Only)*

Activated by: \_\_\_\_\_

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