

Adopt Campus Program Team Roster

Department/Organization Name:			
Team Leader:		Waiver Form Attached (Y/N):	
Team Leader Phone#:		Team Leader Email:	
Assigned Building/Area:			
Volunteer Name	Phone #	Email	Waiver Form Attached (Y/N)

Send Roster and Signed Waiver forms to:

Ayo Oluwalana
0154 General Services Building
700 Wallace Rd
Ames, IA 50011-4013

