Volunteer Service Agreement

NAME OF VOLUNTEER _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **Phone #** (___) _____

Department: _____ Service Location: _____

Description of Volunteer Services: _____

_____

Dates of Service - Start: _____ End: _____ (end date must be no later than end of current fiscal year)

Approximate service hours per week: _____

_____

College Contact /Supervisor: _____

I have read this agreement, understand it, and agree to serve as a volunteer according to the terms of this Agreement:

- I understand that my services are voluntary and that I will not be compensated.
- I understand that I will be covered by the same terms and conditions applicable to College employees according to the liability insurance coverages while performing volunteer activities.
- I understand that I am not covered by Worker's compensation in the event of an accident or injury.
- I certify that I have never been convicted of any felony or any other crime involving allegations of abuse or molestation.

_____ _____

Volunteer Signature Date

All signatures below are necessary for approval.

_____ _____

College Contact/Supervisor Date

_____ _____

Vice President for Administration & Finance Date

_____ _____

Direector Human Resources Date

Background Check required: __ Yes ____ No *(Determination to be made by AVP for HR)*

Note: This Agreement may be cancelled at any time by notice to either party, otherwise, this Agreement naturally expires at the end of the fiscal year (June 30). Agreements may be renewed annually. A copy of this Agreement Must Be Retained in the Office of the Vice President for Administration & Finance and in HR.

(Form Issued June 2026)