

VOLUNTEER SERVICES AGREEMENT

This agreement must be completed and submitted for approval to Susan Courtey, Director of Business Services **before** accepting the services of a volunteer. If requested to do so, the volunteer shall be subject to a criminal background check, traffic record check, or both if providing unsupervised direct services to children or youths. Additional agreements are required for specific departments.

Contact Susan Courtey, Director of Business Services with any questions at susan@glendale.edu, Ext. 5124.

Under this agreement, _____ (Name of Volunteer) will provide the following services for _____ (Department/Division):

Description of work to be performed and frequency:

Location(s)	Start	End	Work Schedule: Day/Time	Supervisor

DECLARATION OF VOLUNTEER

I, _____, hereby agree to donate my services to the District in performing the duties described above. I understand that I will not be compensated for my services and that I am not entitled to other monetary benefits in connection with my volunteer work. I will, however, be considered an employee for purposes of benefits under Worker’s Compensation the event of a job-related illness or injury. With the exception of worker's compensation (Education Code Section 72401), volunteers shall serve without any type of compensation or any other benefits granted to district employees. Volunteers shall not be entitled to defense and indemnity from the District.

I will accept instructions for assignments from the supervisor named below. I understand that my work assignments are limited to the duties described in this agreement, unless otherwise authorized by my supervisor in writing. I will keep my supervisor informed of the status of my progress on assignments and will notify him or her if I am unable to report as scheduled or if I decide to withdraw from volunteer service and terminate this agreement.

I understand that this agreement must be approved by the Business Services Director prior to starting work and may be terminated at any time by the District.

Signature of Volunteer

Date: _____

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IN CASE OF EMERGENCY, CONTACT:			
Name	Relationship	Address	Phone Number

Volunteer service recommended/requested by Department/Division Supervisor:

_____ Date: _____
 Signature

 Print name and title

Additional Forms required if necessary:

- | | |
|---|--|
| <input type="checkbox"/> Athletics Dept
<input type="checkbox"/> Instructional Services
<input type="checkbox"/> Machine Shop | <input type="checkbox"/> Supplemental Instruction
<input type="checkbox"/> Consent Form – Volunteer Services by a Minor |
|---|--|

SCREENING

REQUIREMENT:	YES	NO	Authorized By	Completed / Verified by:
Fingerprinting /Criminal Background Check Required:				
Traffic Record Check Required:				
TB Test:				
Other requirements:				

Screening comments:

Approved by Business Services: _____ Date: _____

Approved by College Police: _____ Date: _____