

CLATSOP COMMUNITY COLLEGE
VOLUNTEER SERVICES AGREEMENT
Office of Human Resources

Please complete a Volunteer Services Agreement for each new or different assignment.

VOLUNTEER NAME: _____

ADDRESS: _____

PHONE: (Daytime) _____ (Evenings) _____

VOLUNTEER ASSIGNMENT: _____

Beginning date of volunteer assignment: _____

End date of volunteer assignment: _____

Work schedule (be specific):

Monday hours: _____ to _____

Tuesday hours: _____ to _____

Wednesday hours: _____ to _____

Thursday hours: _____ to _____

Friday hours: _____ to _____

Saturday hours: _____ to _____

Sunday hours: _____ to _____

DIVISION/DEPARTMENT: _____

I understand and agree to the following:

1. I am a volunteer.
2. I will receive no pay or other benefits of any kind.
3. I am guaranteed no further volunteer or other work, and if necessary, the College may need to remove me from the task before I have completed my volunteer duties.
4. In the event I am employed by the College in the future, my volunteer services will not improve my status, salary or any benefits.
5. I agree to adhere to all College policies and procedures.

I have read, understood, and agreed to my obligations as a volunteer at Clatsop Community College.

Volunteer Signature: _____ Date: _____

Supervisor signature: _____ Date: _____

HR Review: _____ Date: _____