

**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)** \_\_\_\_\_

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

**VOLUNTEER ASSIGNMENT:** \_\_\_\_\_ Adult Basic Education \_\_\_\_\_

**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:**      **VOLUNTEER LITERACY TUTOR PROGRAM**

**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 will maintain strict confidentiality of student information.
6. 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: \_\_\_\_\_