

VOLUNTEER SERVICES AGREEMENT

Volunteers are subject to fingerprint clearance and, if operating a District vehicle or cart, a DMV clearance prior to their start date. Whenever possible, volunteers should be approved by the Board prior to their start date, but MUST be ratified no later than the month following their start date.

TO BE COMPLETED BY VOLUNTEER

Legal Name: _____ Preferred Name: _____
 Street Address: _____ Apt/Unit #: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____ Phone Number: _____
 Student/Employee ID: _____ **OR** SSN (last 4 digits): XXX-XX-_____

I, the undersigned, do hereby agree to provide volunteer services and affirm that I have received the information and forms relative to workers' compensation benefits at https://www.chaffey.edu/hr/docs/acknowledgement_packet.pdf. Furthermore, I understand that I serve the District in an "at-will" capacity. The District may terminate my volunteer services for any reason at all or no reason at all, except for the exercising of free speech rights with respect to issues of public concern. I understand that I am not a District employee and that I serve without any type of compensation or benefits granted to District employees. I understand that as a volunteer I am not entitled to defense and indemnity from the District.

Signature of Volunteer

Date

TO BE COMPLETED BY THE DEPARTMENT / AREA DESIGNEE

Department & Area: _____ Instructor/Coach: _____
(Example: STEM-Biology or KNA-Athletic Training)

Start Date:	End Date*:	Will volunteer operate a District vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes Will volunteer operate a District cart? <input type="checkbox"/> No <input type="checkbox"/> Yes
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**All assignments must end by the last day of the current academic year.*

Description of volunteer services to be provided:

By signing this form, I approve this volunteer and confirm that they will not be serving as an instructor, head coach, or assistant coach for an educational or athletic program. I have discussed this professional volunteer assignment with this volunteer. I have made no promise or commitment to them for any present or deferred form of compensation, honorarium, or stipend for any time the volunteer will spend on this volunteer activity. I also understand and agree to not allow this volunteer to participate in any District activity until authorized by Human Resources.

NOTE: A First-Level Manager signature is not required for faculty participating in Faculty Senate or CCFA designated committee appointments.

Print Name of First-Level Manager/Designee

Signature of First-Level Manager/Designee

Date

HR Office Use Only

Fingerprint clearance: _____	Governing Board: _____	DMV Clearance: _____
Department notified: _____	Safety Training: _____	Cart Authorization: _____
<input type="checkbox"/> NAE <input type="checkbox"/> NEMP <input type="checkbox"/> OTDT <input type="checkbox"/> PREM <input type="checkbox"/> TERM <i>Current EE/Returning Volunteer:</i> <input type="checkbox"/> OTDT <input type="checkbox"/> PREM		