



VOLUNTEER AGREEMENT FORM

Department/Division:	Supervisor of volunteer:
Starting Date:	Ending Date:
Brief description of duties:	

First Name:	Middle Initial:	Last Name:	
Address:		City:	State: Zip:
Home Phone #:	Cell Phone #:	Email Address:	
Have you ever been convicted of a crime other than a minor traffic violation?	Yes	No	If yes, please list dates and explain
Are you a relative of any employee in the Alabama Community College System, including Southern Union State Community College, or any member of the State Board of Trustees?	Yes	No	If yes, please list their name(s)

Emergency Contact Information

Name:	Relationship:	Phone #:
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I understand that I will not receive any compensation or benefits from Southern Union State Community College for my participation in the duties outlined above. In the event that I am injured during my volunteer service, I agree to use my own medical insurance for any claim and agree to hold harmless Southern Union State Community College from all claims or judgments for any injuries incurred on the Southern Union State Community College property.

I agree to abide by all applicable policies of Southern Union State Community College and the Alabama Community College System.

I understand that this agreement can be terminated by me or the College, for any reason and without advance notice.

Acceptance of this agreement should be indicated by signing in the space provided. I acknowledge that I cannot participate as a volunteer until this form is approved by all parties and a criminal background check is completed by the Office of Human Resources for the agreement to be effective.

I acknowledge that I have read and understand all provisions of the foregoing Agreement for Volunteer Services, and that I agree to abide by all provisions of the agreement.

Volunteer's Signature

Date

Supervisor's Signature

Date

Approved by:

President

Date