GSC Volunteer Agreement Form-ALL fields are REQUIRED

Volunteer Assignment Information (to be completed by Supervisor):

Department:	**Start Date:**	**End Date:**
Description of Volunteer Duties-be *SPECIFIC*. Volunteers cannot replace paid positions.		
By signing this form as the supervisor of this volunteer position, I certify that I understand volunteers are not allowed to begin volunteering until I receive ***written approval*** from Human Resources. The steps to receiving this approval include: 1. Submission of this Volunteer Agreement 2. A clear criminal background check and 3. Successful completion of all required volunteer compliance training.		
Supervisor Name:	**Supervisor Signature:**	**Date:**
Next-Level Supervisor:	**Next-Level Supervisor Signature:**	**Date:**

Volunteer Information:

First Name:	**Middle Initial:**	**Last Name:**	**Date of Birth:**	**Phone #**
Address:		**City:**	**State:**	**Zip:**
Email:				
Have you ever been convicted of a crime other than a minor traffic violation?			**____Yes**	**____No**
If yes, please explain and list dates:				

Emergency Contact Info:

Name:	**Relationship:**	**Phone #:**

Important Information for Volunteers:

- As a volunteer, I understand that I will not receive any compensation or benefits from Gordon State College for my participation in the duties outlined above.
- If I am injured during my volunteer service, I agree to use my own medical insurance for any claim and agree to hold harmless Gordon State College from all claims or judgments for any injuries incurred on the Gordon State College property.
- I agree to abide by all applicable rules and regulations of the University System of Georgia and any of the departments where I engage in volunteer activities.
- Before I begin volunteering, I understand I must have written approval from GSC Human Resources. To obtain this approval, I must have a clear background check and complete volunteer compliance training.
- I understand that, as a volunteer, Gordon State College and I have the right to end my volunteer relationship at any time, for any reason and without advance notice. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.

_____ _____

Volunteer Signature **Date** **Parent/Guardian (if under 18)** **Date**