



Volunteer Services Agreement

Volunteer Name:

Phone Number:

Dates of Volunteer Service:

Description of Volunteer Services:

Please affirm your acceptance of the following terms with your signature below.

1. I understand the requirements for performing the above volunteer services and certify that I know of no condition or limitation that may adversely affect my ability to perform the services.
2. I am NOT an employee of LC State and have volunteered to perform services without compensation.
3. I understand that as a volunteer I must abide by all rules, regulations, policies, procedures, practices and instructions of LC State and to use reasonable care in all that I do.
4. I understand I must respect the highest level of privacy for all members of the college community and participants in college programs, including members of the public.
5. I understand I do not have a formal work appointment for these services and LC State may terminate my appointment as a volunteer at any time.
6. I understand that if this volunteer service involves [minors](#), I must complete a Background Check Authorization Form to comply with the [Minors on Campus Policy](#). Contact hr@lcsc.edu to complete the authorization form.
7. I understand that if I will be driving LC State vehicles, I must fill out the [Vehicle Use Agreement](#), submit to a driver's background check, and take any required training. All such authorizations must be approved in writing in advance by the president or a vice president.
8. **Photo Release:** I hereby agree to permit LC State employees and agents to take photographs and make film records of me without further recourse. I understand and agree that such photographs and/or film may be used for commercial and/or promotional purposes.

By my signature below, I hereby agree to and fully understand all the above conditions as outlined above.

Volunteer name (please print):

Phone number:

Email:

Volunteer Signature

Name of emergency contact:

Relationship to volunteer:

Phone No.

Name of unit where volunteer activity will take place:

Name of Supervisor:

Supervisor Signature:

THIS AGREEMENT MUST BE COMPLETED PRIOR TO VOLUNTEER WORK BEGINNING

Please return completed form to Risk Management in ADM 106 or email to VPFinanceAdmin@lcsc.edu



Volunteer Waiver

I, the undersigned, have volunteered to perform the service(s), listed below, for the following Lewis-Clark State College (LC State) sponsored field trip/event/activity, without compensation, and in accordance with the following understandings:

LC State Department:

LC State Sponsored Activity:

Service(s) Performed:

Dates of Service: (From / To)

Projected # Hours Worked

I agree to hold harmless, discharge, indemnify and release the State of Idaho, Lewis-Clark State College, and all their respective administrators, employees and other volunteers, from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever which may arise from or in connection with volunteering at Lewis-Clark State College.

I agree to a background check provided by the college.

I agree to follow all policies of the site, including health and safety precautions and confidentiality.

I agree to notify the LC State supervisor and/or employee of any problems, concerns or changes.

SIGNATURES

By my signature below, I hereby agree to and fully understand all of the above conditions as outlined above.

Volunteer Name:

Cell Phone No.:

Address:

Volunteer Signature:

Date:

Authorized Volunteer's LC State Supervisor: