



## VOLUNTEER SERVICES AGREEMENT

We thank you for volunteering your time, energy and service in support of Clackamas Community College. We are grateful for your support and hope the time you contribute will be rewarding for you as well.

This Agreement identifies conditions - and provides information - important to your volunteer service at the College. We want you to be aware of this information and the conditions and expectations involved while performing your volunteer work.

1. You are volunteering your services on your own initiative. For this volunteer work, you will receive no pay, benefits or remuneration of any kind. Additionally, your volunteer services will not improve your status, salary or any benefits if you are hired by the College at some point subsequent to your volunteer work.
2. We have an excellent safety record with our volunteers. We do not anticipate that you will be involved in any kind of accident but it is important that you understand that under ORS 656.005(28) and ORS 656.031 you are not subject to workers compensation and such coverage is not provided. You are urged to have your own health insurance in the event you are injured while performing your volunteer service.
3. You also acknowledge that the College does not currently employ you in the same capacity of work for which you have volunteered. In the event the College employs you to perform the same services for which you have volunteered at any time during the period set forth above, you must immediately cease all such volunteer services.
4. You are covered by the College's general liability insurance. This will protect you in the event of property damage or accidental injury to the public as a result of your volunteer duties.
5. You must have a valid driver's license if you drive a motor vehicle. If you drive a College vehicle as part of your volunteer work, you will be covered for property damage and/or limited bodily injury to yourself and others resulting from a vehicle accident. Your personal health insurance is required to cover you for any medical costs beyond our insurance coverage. If you drive your own vehicle and are involved in an accident, your own automotive insurance applies. This requires that you possess and maintain the minimum acceptable coverage required by Oregon.
6. The College has the right to end this volunteer assignment at any time if management determines such action to be in the best interest of the College. The Volunteer and/or College may also terminate the agreement at any time with or without cause.

Anticipated beginning date: \_\_\_\_\_ Anticipated ending date: \_\_\_\_\_

Nature and scope of assignment: \_\_\_\_\_  
\_\_\_\_\_

Your signature acknowledges that you have read, understood and agreed to these conditions and expectations. We thank you for your support of Clackamas Community College.

\_\_\_\_\_  
Volunteer's Name (Printed)

\_\_\_\_\_  
Volunteer's Signature                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City,                      State                      ZIP

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency contact telephone number

\_\_\_\_\_  
College Representative Signature

\_\_\_\_\_  
Parent / guardian's Signature                      (If Volunteer is under 18 years of age)                      Date

ROUTING:

Original to Human Resources  
1 copy to Department issuing the Agreement

Oct 16, 2004