

SCHOOL AGREEMENT FOR VOLUNTARY SERVICES

SECTION ONE (TO BE COMPLETED BY VOLUNTEER)

NAME _____

CONTACT ADDRESS _____
Street address

City

State

Zip

Email

Cell phone

Alternate telephone

Volunteer position applying for

1. I have reviewed the description of work to be performed and amount of time required (see attached Volunteer Job Description).
2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for actual expenses.
3. I give my permission for free use of my name, voice and picture in any media coverage of my volunteer service.
4. I understand that, if I am injured or involved in an accident while providing volunteer services to the School, the Worker's Compensation carrier for School will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
5. I understand I may be subject to a criminal record check or other background investigation.
6. I understand that either the School or I may cancel this agreement at any time by notifying the other party.

I hereby volunteer my services, as described in the Work Description, to assist the School in its authorized work.

Signature of Volunteer

Date

Approval Signature of Parent/Guardian if under 18

Date

SECTION TWO
(To be completed by the School)

While this agreement is in effect, the School agrees to:

1. Accept you as a volunteer and recognize your rights under UCA 67-20-1 et. seq.
2. Authorize you to work as a volunteer according to the attached Work Description.
3. Reimburse your pre-approved actual volunteer related expenses; to the extent funds are available.
4. When applicable, authorize you to ride in, or operate a School motor vehicle. (A copy of valid Utah driver's license shall be attached to this form if the volunteer will be authorized to drive a vehicle while performing volunteer services and the volunteer shall complete the State Division of Risk Management's Driver Training Program.)
5. This agreement may be terminated by School at any time and for any reason.

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office.

_____ <i>Supervisor Signature</i>	_____ <i>Title</i>	_____ <i>Date</i>
_____ <i>Print name and location of work site</i>		

I grant authorization to utilize the services of the volunteer as noted in the work description.

_____ <i>Director (or authorized representative) Signature</i>	_____ <i>Date</i>
_____ <i>HR Representative</i>	_____ <i>Date</i>

SECTION THREE
(To be completed by the School)

Assigned Position:

Dates and hours to be worked: