



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