

VOLUNTEER SERVICE AGREEMENT

Volunteer's Information						
FIRST NAME	LAST NAME	HOME TELEPHONE	HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY	SAP NUMBER	SAP POSITION NUMBER	WORK ADDRESS	CITY	STATE	ZIP
VOLUNTEER START DATE		VOLUNTEER END DATE		FREQUENCY day(s) per week month year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Supervisor's Information						
FIRST NAME	LAST NAME	DIVISION			TELEPHONE NUMBER	
Volunteer Over 18 Years Old?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Short Term or Long Term?				Short Term <input type="checkbox"/> Long Term <input type="checkbox"/>		
Required to Drive on State Business?				Yes <input type="checkbox"/> No <input type="checkbox"/>		

As assigned by the above-named supervisor, I will comply with all policies, procedures, rules, regulations, directions, and instructions provided. I will conduct myself in accordance with those standards set forth for regular departmental employees.

- I will earn no salaries or wages as a result of this employment and will not be entitled to unemployment benefits upon termination of this agreement.
- I will be covered under State Worker's Compensation Insurance.
- I will be reimbursed for necessary out-of-pocket expenses incurred as a result of departmental direction.
- I will be reimbursed for necessary travel and per diem at the same rates that are used by the California Department of Human Resources for State employees.
- I may use a State or private vehicle only when authorized by the Division Manager, provided that I have a valid California Driver's license # _____, a current Defensive Driver Training Program Certificate; and must be enrolled in the DMV Employer Pull Notice Program (EPN).
- I may be reimbursed for use of my private vehicle, provided it is specifically directed, and provided that I have a valid DWR 4107, Authorization to Use Privately Owned Vehicle on State Business, on file.
 Accept Decline Date of Defensive Driver Training Class: _____
- I may use State equipment and supplies, including safety equipment, when directed.
- I understand I will be employed as a volunteer unless terminated sooner by the Department in writing. I also may terminate this agreement at any time, provided it is in writing. Any changes or extensions to this agreement must be made in writing.
- I understand my assigned duties are as specified below.

I understand that my employment as a volunteer is not effective until I have received and completed the following:

- Oath of Allegiance (STD. 689)
- Employee Information (DWR 411)
- Key Employee Policies and Guidelines (DWR 9524a or DWR 9524b)
- Authorization to Use Privately Owned Vehicles on State Business (DWR 4107) **if necessary**

Description of Duties	
<input type="checkbox"/> Description of duties attached <input type="checkbox"/> Description of duties below	

Parent or Legal Guardian Permission (If volunteer is under 18 Years Old)			
PARENT/LEGAL GUARDIAN FIRST NAME	PARENT/LEGAL GUARDIAN LAST NAME	TELEPHONE NUMBER	RELATIONSHIP TO VOLUNTEER
HOME ADDRESS		CITY	ZIP CODE
As the parent or legal guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training. I hereby certify that, to the best of my knowledge, the information herein is correct and true.			
PARENT/LEGAL GUARDIAN SIGNATURE		DATE	

Volunteer Final Signature Approval			
VOLUNTEER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
DIVISION MANAGER FIRST NAME	DIVISION MANAGER LAST NAME	DIVISION MANAGER SIGNATURE (REQ'D if driving on State bus.)	DATE