



VOLUNTEER AGREEMENT FORM

Department/Division:	Supervisor of volunteer:
Starting Date:	Ending Date:
Brief description of duties:	

Volunteer's Information:

First Name:	Middle Initial:	Last Name:	
Address:	City:	State:	Zip:
Date of Birth:	Phone #:	Email Address:	
Have you ever been convicted of a crime other than a minor traffic violation?	Yes	No	If yes, please list dates and explain
Are you a relative of any employee in the Alabama Community College System, including Gadsden State Community College, or any member of the State Board of Trustees?	Yes	No	If yes, please list their name(s)

Emergency Contact Information:

Name:	Relationship:	Phone #:
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I understand that I will not receive any compensation or benefits from Gadsden

State Community College for my participation in the duties outlined above.

I agree to abide by all applicable policies of Gadsden State and the Alabama Community College System.

_____ shall indemnify, defend, and hold harmless Gadsden State Community College, the Alabama Community College System, the Alabama Community College System Board of Trustees and their respective employees, agents, servants, members and officers from and against any and all third party claims, demands, actions, debts, liabilities, judgments, damages, costs and reasonable attorney's fees arising out of, claimed, or on account of any loss or damage to property or injuries to or the death of any and all persons whatsoever, to the extent caused or contributed to by the acts or omissions of myself, my agents, servants, or employees, while on or about Gadsden State Community College premises, while going to or departing from the same, or while in the performance of the obligations under this Agreement. For the purposes of this provision, the phrase "third party claims" shall mean claims by any third party or parties, including but not limited to, claims by employees, agents, servants, officers or members of Gadsden State Community College, the Alabama Community College System, or the Alabama Community College System Board of Trustees.

I understand that this agreement can be terminated by me or the College, for any reason or for no reason, and without advance notice.

Acceptance of this agreement should be indicated by signing in the space provided. I acknowledge that I cannot participate as a volunteer until this form is approved by all parties and returned to the Office of Human Resources for the agreement to be effective.

I acknowledge that I have read and understand all provisions of the foregoing Agreement for Volunteer Services, and that I agree to abide by all provisions of the agreement.

I acknowledge receipt of the Volunteer Agreement Policy, the Volunteer Student Records Access Form, the College's Policy against Harassment and Discrimination, the College's Title IX Sexual Harassment Complaint Procedures, and the Authorization, Consent, and Release for Background Information.

Volunteer's Signature

Date

Departmental/Division Chair

Date

Cabinet Member

Date

Approved by:

President

Date