# IMPERIAL VALLEY COLLEGE

HUMAN RESOURCES OFFICE
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(760) 355-6212 Fax (760) 355-6211
www.imperial.edu/hr


## VOLUNTEER SERVICE REQUEST AND AGREEMENT FORM

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

1. You will be serving in an unpaid volunteer capacity and will not be receiving any monetary or other form of compensation from IVC for the duration of your volunteer employment.
2. You will be serving under the direction of your designated supervisor at the college.
3. All scheduling issues must be first approved by your designated supervisor.
4. You understand that you will be serving in an "at will" capacity. The College reserves the right to terminate this volunteer agreement for any reason or no reason at all, except as precluded by the law.
5. While present at the college, you are required to comply with all rules for employees, although you are serving in an unpaid volunteer status.
6. You agree to maintain the confidentiality of any and all confidential information, including but not limited to student and/or employee records that you may utilize or have access to during the course of your volunteer assignment. You also agree not to disclose such information to any unauthorized third parties.
7. This agreement is subject to approval by the District Board of Trustees.

Anticipated beginning date: _____ Anticipated ending date: _____

Program: _____

Duties/responsibilities/assignment(s): _____
_____
_____

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

**Effective 01/01/2019 all volunteers are subject to fingerprint and TB testing prior to volunteer work.**

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Volunteer's Name (Printed) | Volunteer's signature | Date |

| | | | |
|---|---|---|---|
| _____ | _____ _____ | _____ | _____ |
| Address | City, | State | Zip |

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Volunteer's telephone number | Area Supervisor (Printed) | Date |

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Area Administrator (Printed) | Signature | Date |

ROUTING: Original to Human Resources
1 copy to Department issuing the Agreement