



# VOLUNTEER INFORMATION/AGREEMENT



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Volunteer Area/Activity: \_\_\_\_\_

Dates of service: Start: \_\_\_\_\_ End: \_\_\_\_\_

Approximate hours: \_\_\_\_\_

(Complete a Separate Sheet for Each Volunteer)

I, \_\_\_\_\_ agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and Spearfish School District.

I understand that my services are voluntary, that I will not be compensated and that volunteer workers are provided worker's compensation coverage. I also understand that I will be covered by the same terms and conditions applicable to district employees according to the liability coverage program for public entities while performing volunteer activities.

I have read the above agreement, understand it and agree to serve as a volunteer at

\_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_  
(date) (date)

(This agreement may be canceled at any time by notification to either party)

## AUTHORIZATION:

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

(For Office Use Only)

Driving a school vehicle and/or transporting students? Yes \_\_\_\_\_ No \_\_\_\_\_

Paid By: \_\_\_\_\_

Account Code: \_\_\_\_\_