

VOLUNTEER WORK AGREEMENT

Volunteer Information

Name: _____ DOB: _____ SSN: _____

Address _____ City: _____

State: _____ Zip: _____ Phone: _____ Mobile Phone: _____

Department: _____ Supervisor: _____

Dates of Service: Start _____ End _____ Approx # of Hrs/Week _____

Email: _____ Gender: (please circle) Male Female Marital Status (please circle) Single Married

Emergency Contact: _____ Phone: _____

Name

Citizenship:		U.S. Citizen - US		Permanent Resident – RA
<i>Or</i>		Alien with Labor Certification - SP		Nonresident Alien – NR
Ethnicity:		White – WH		Asiatic or Pacific Islander – AS
<i>Or</i>		Black, Non-Hispanic – BL		American Indian or Native Alaskan – AM
<i>Or</i>		Hispanic – HI		
New Ethnicity		Not Hispanic or Latino		Hispanic or Latino

I _____ agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the South Dakota School of Mines and Technology.

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 state employees according to the liability coverage program for public entities while performing volunteer activities.

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

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

_____ Volunteer Signature	_____ Date
_____ Supervisor	_____ Date

Return completed form to SDSMT Human Resources Office – Volunteer retain copy for personal records.

For HR Use Only

☐ PPAIDEN ☐ PEAEMPL (45)