



**SOUTHWESTERN OREGON  
COMMUNITY COLLEGE**

**VOLUNTEER AGREEMENT FORM**

Name of Volunteer: \_\_\_\_\_

Department Volunteering In:

\_\_\_\_\_

Name of SOCC Employee who will be supervising volunteer:

\_\_\_\_\_

Summary of services performed: \_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING INFORMATION IS NEEDED FOR INSURANCE COVERAGE  
PURPOSES:**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

TIME OF VOLUNTEER SERVICE: (ESTIMATE IF NECESSARY)

HOURS PER DAY \_\_\_\_\_ OR PER WEEK \_\_\_\_\_

DAYS PER WEEK \_\_\_\_\_ NUMBER OF WEEKS \_\_\_\_\_

TYPICAL WORK SCHEDULE: (i.e., M-F 8-12) \_\_\_\_\_

\_\_\_\_\_

**SIGNATURES:**

VALUE OF SERVICE (NOT LESS THAN MINIMUM WAGE): \$ \_\_\_\_\_ PER HOUR

Volunteer \_\_\_\_\_ Date \_\_\_\_\_

SOCC Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Dir. of Human Resources \_\_\_\_\_ Date \_\_\_\_\_