

Salt Lake Community College Volunteer Agreement Form



Volunteers may not begin service until HR approval is given.

Thank you for volunteering to help Salt Lake Community College (SLCC).

Volunteer: Please complete the below information and return the form to the Sponsoring Department.

Sponsoring Department: Please complete the **Etrieve Central Form** and attach this page.

Preferred

First Name: _____

Legal Name: _____

First

Middle Initial

Last Name

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____
mm dd yyyy

-or, if you already have an S# you can provide that instead-

S#: S _____ (Student number, or former Employee ID)

If you choose to substitute SSN & DOB for your S#, it must be correct. [Double check it here on SLCC's website.](#)

Home Address: _____

Street

APT/Unit #

City

State

Zip

Email: _____

Phone Number: (_____) - _____ - _____

Please provide the following information (required for statistical purposes)-

Legal Sex: Female Male

EEO Ethnicity and Race Categories (select all that apply):

African American American Indian Asian Caucasian Hispanic/Latinx Pacific Islander

Emergency Contact-

Name: _____

Address: _____

Phone Number: (_____) - _____ - _____ **Relationship:** _____

Volunteer position applying for: _____

I understand that I may not simultaneously be employed and volunteer with SLCC. Any employment with SLCC must end prior to volunteering, and any volunteer assignment must end prior to gaining employment with SLCC.

Please initial

Please read this statement carefully: I understand that by submitting this application or an electronic version of it that I am volunteering for SLCC. I agree that any work I may perform is non-compensable except for pre-approved reimbursements for actual expenses. I understand that if I am injured or involved in an accident while providing volunteer services the Worker's Compensation carrier for SLCC will only pay the actual and necessary medical expenses I incur in the treatment of an injury and that this is my exclusive remedy for any injury. I give permission for free use of my name, voice and picture in any media coverage of my volunteer service and I give SLCC the right and permission, to use and publish my name, identifying information, photos and video of me in brochures and other materials which promote, publicize, or advertise SLCC. I agree to submit to a criminal background check if necessary. I acknowledge that no assignments are guaranteed, SLCC has the right to reassign me as needed, and this agreement may be terminated at any time by either party. I acknowledge and understand that working on COVID-19 activities, or physically in areas where masks may not be used or determined as less effective, I will be subject to testing as a condition of being a volunteer. Your supervisor will let you know if this is required and how to go about getting tested.

Signature*

Date

*If you are not 18 years old or older, this form must also be signed by a parent or guardian

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HR 02/2021