



# Volunteer Agreement

**We are so pleased that you have decided to volunteer your time to Mountwest Community & Technical College. Please accept our sincere appreciation for your valuable contribution to Mountwest.**

This *Volunteer Agreement* must be completed for all College volunteers.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Check the appropriate term:**

Term:  Fall  Spring  Summer  Academic Year \_\_\_\_\_  Calendar Year \_\_\_\_\_

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

Location: \_\_\_\_\_

**Please indicate when you plan to volunteer:**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Hours/week: \_\_\_\_\_

### Volunteer Terms of Agreement

I, the undersigned, accept the following terms of agreement for my volunteer service to Mountwest Community & Technical College:

- 1) I agree that my participation in the duties outlined above is without valuable consideration. I understand that I am not an employee of Mountwest Community & Technical College ("the College") and that I am not entitled to wages or benefits for my volunteer service.
- 2) I understand that I do not have a formal work appointment for these particular services. I understand that the College shall have the right to release me as a volunteer without prior notice.
- 3) I understand that the College will not provide me with accident or medical insurance and that the College is not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not covered by Worker's Compensation Insurance.
- 4) I understand that the College is not responsible for loss or theft of personal property.
- 5) I agree to act professional and courteous at all times, complying with College policies and procedures regarding confidentiality, the use of technology, and drug and alcohol use. I understand that copies of the policies and procedures are available at [www.mctc.edu](http://www.mctc.edu) and that copies of other guidelines pertinent to my volunteer activity may be provided to me by my staff contact.
- 6) I attest to the fact that I am eighteen (18) years of age or older.

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

**Please return your completed form to:** Mountwest Community & Technical College  
Office of Human Resources & Employee Development  
One John Marshall Drive – CTC Room 128 | Huntington, WV 25755

For questions about becoming a volunteer, contact our office at 304.696.3787.