



STATE CENTER
COMMUNITY
COLLEGE DISTRICT

Volunteer Service Agreement

This Volunteer Service Agreement is made and entered into between the State Center Community College District (SCCCD) and (Name of Volunteer)

_____.

1. **Position.** District offers Volunteer and Volunteer agrees to render service as a volunteer (list duties) _____

2. **Volunteer Status.** Volunteer is already employed by SCCCDC as a _____
_____. Volunteer understands and agrees that the volunteer service which is the subject of this agreement is in a different capacity from the Volunteer's current employment with SCCCDC; **OR**
 Volunteer is a community member.

3. **Waiver.** Volunteer understands the provisions of Paragraph (2) above that he/she will not earn or receive regular pay or overtime in connection with hours worked under this agreement. Volunteer knowingly and voluntarily waives any claims under the Fair Labor Standards Act in connection with this agreement.
(____ Volunteer's initials indicating agreement)

4. **Term.** Volunteer's service shall begin on _____, and shall end when (1) Volunteer's services are no longer required, or (2) this Agreement is terminated by SCCCDC or volunteer.

5. **Status.** Volunteer specifically acknowledges he/she is a Volunteer within the meaning of 29 U.S.C. section 302(e) (4A) and other applicable law. Volunteer therefore agrees he/she is not a classified or academic employee and that this contract does not establish any right to probationary or permanent employment. Volunteer agrees he/she is not afforded rights under SCCCDC's collective bargaining agreement and may be terminated by SCCCDC at any time for any reason, or for no reason, without due process or a hearing of any kind.
____ Volunteer's initials indicating agreement

6. **History of Conviction.** Have you ever been convicted of, pled guilty to or pled no contest to any criminal offense before any court? (An answer of "yes" does not necessarily disqualify you from volunteering. Each situation is considered individually, based on the circumstances.
____ Yes ____ No
If yes, please attach explanation on separate sheet of paper including the date and place of each offense, the specific charge, the date and place of convictions or plea, the fine or sentence received, or the diversion program entered. You may omit any

offenses for which the only punishment imposed was a fine of less than \$100, or minor traffic violations. Any offense for which you were convicted for which the punishment was a fine in excess of \$100, which required serving a jail or prison sentence, or which required probation, MUST be reported. You must report convictions or pleas withdrawn, set aside or dismissed pursuant to California Penal Code section 1203.4. Notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11364, or 11365 as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.

7. I am physically, mentally and professionally capable of performing the service involved in this volunteer assignment. I understand I am required to perform my volunteer services in accordance with any applicable laws, regulations or technical/professional standards.

_____ Yes _____ No

Volunteer Name: _____

Address: _____

City / State / Zip _____

Telephone () _____ Datatel ID # _____

Date of Birth _____

Emergency Contact Name(s) and Phone Number(s)

Signature of Volunteer

Department/Division

Signature of Volunteer's Direct Supervisor

Signature of Area Administrator

Revised: July 01, 2016