The University of South Dakota
Volunteer Work Agreement

Name of Volunteer:

Address:

City: State: Zip:

Phone #: Social Security #

Gender: Birth Date: Marital Status: ☐ S ☐M

Ethnicity: ☐American Indian or Alaskan Native
☐Asian or Pacific Islander
☐Black
☐Hispanic
☐White

Citizenship: ☐US Citizen
☐Permanent Resident
☐Alien (With Labor Certification)
☐Alien (W/out Labor Certification)
☐Non-Resident Alien Taxed as Resident

Department: Work Location:

Position: Dates of Service: Start End

Approximate hours per week:

Supervisor's Name:

Supervisor's Title & Phone #:

I, _____, agree to perform the duties and responsibilities of the volunteer
(volunteer's name)

position mutually agreed to by myself and the department stated above.

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.

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

_____ _____
Volunteer Date

_____ _____
Dean/Director/Department Head Date

(Forward completed form to Human Resources)