

VOLUNTEER SERVICE AGREEMENT

Distribution: Original kept with hiring office; 1 copy to Volunteer Coordinator (MAO); and 1 copy to Volunteer

NAME OF SUPERVISOR	NAME OF VOLUNTEER
DIVISION	ADDRESS
WORK LOCATION	TELEPHONE NUMBER
TELEPHONE NUMBER	EMPLOYEE PERSONNEL NUMBER

As assigned by the above-named supervisor, I will comply with all policies, procedures, rules, regulations, directions and instructions provided. I will conduct myself in accordance with those standards set forth for regular departmental employees.

- I will earn no salaries or wages as a result of this employment, and will not be entitled to unemployment benefits upon termination of this agreement.
- I will be covered under State Worker's Compensation Insurance.
- I will be reimbursed for necessary out-of-pocket expenses incurred as a result of departmental direction.
- I will be reimbursed for necessary travel and per diem at the same rates that are used by the Department of Personnel Administration for State employees.
- I may use a State or private vehicle only when authorized by the Division Chief, provided that I have a valid California Driver's license and a current state Defensive Driver Training Program Certificate; I must also be enrolled in the Department of Motor Vehicles' Employer Pull Notice Program (EPN).
- I may be reimbursed for use of my private vehicle, provided it is specifically directed, and provided that I have a valid DWR 4107, Authorization to Use Privately Owned Vehicle on State Business, on file.
 Accept Decline Date of Defensive Driver Training Class: _____
- I may use State equipment and supplies, including safety equipment, when directed.
- I understand that my employment as a volunteer is not effective until I have a signed STD. 689, Oath of Allegiance, on file with the Department.
- I understand I will be employed as a volunteer from _____ to _____ unless terminated sooner by the Department in writing. I also may terminate this agreement at any time, provided it is in writing.
- I understand my assigned duties are as specified below.

VOLUNTEER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
DIVISION CHIEF NAME	DIVISION CHIEF SIGNATURE (Required only if driving on State business) DATE		

SERVICE STATEMENT

NAME OF *COMMITTEE
DESCRIPTION OF DUTIES

* Committee name requested if volunteer's assignment is as a member of a citizen's advisory group or similar committee.