

VOLUNTEER INFORMATION SHEET

(Complete a Separate Sheet for each volunteer)

Name: _____

Date of Birth: _____ **Soc. Sec. #:** _____

Address: _____ **Phone #:** _____

City: _____ **State:** _____ **Zip:** _____

.....

Department: _____ **Division/Office:** _____

Work Site/Location: _____ **Position:** _____

Dates of Service: Start: _____ **End:** _____

Approximate hours per week: _____

Supervisor's Name and Title: _____

Supervisor's Phone Number: _____

.....

AUTHORIZATION:

Supervisor

Date

Supervisor

Date

Department Secretary

Date

***COMPLETE THIS DOCUMENT AND FORWARD APPROVED
COPY TO THE AGENCY'S PERSONNEL OFFICE**

SOUTH DAKOTA
VOLUNTEER WORK AGREEMENT

I, _____ agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and Black Hills State University.

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.)

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I have read the above agreement, understand it and agree to serve as a volunteer _____ at _____
(position) (department)

from _____ through _____
(date) (date)

.....
AUTHORIZATION:

Volunteer

Date

Supervisor

Date