



Employee Volunteer Agreement Form

(Please complete top section and submit to hr@pennhighlands.edu so it can be routed as needed.)

Volunteer Information

(To be completed by volunteer)

Full Name: _____ Date: _____

Address: _____ Phone #: _____

Email Address: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone # _____

Volunteer Assignment Information

(To be completed by supervisor)

Supervisor Name: _____ Department: _____

Start Date: _____ End date: _____

Supervisor Signature: _____ Date: _____

Brief Description of Duties:

As a volunteer, I understand that I will not receive any compensation or benefits from Pennsylvania Highlands Community College for my participation in the duties outlined above. In the event that I am injured during my volunteer service, I agree to use my own medical insurance for any claim and agree to hold harmless Pennsylvania Highlands Community College from all claims or judgments for any injuries occurred on College property. I agree to abide by all applicable rules and regulations of Pennsylvania Highlands Community College and any of the departments where I engage in volunteer activities. I understand that, as a volunteer, Pennsylvania Highlands Community College and I have the right to end my volunteer relationship at any time, for any reason and without advance notice. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.

I acknowledge that I have read and understand College Internships and Volunteers Policy found on myPEAK/Governance/Board Policies.

Volunteer's Signature

Date