

Volunteer Services Agreement



PimaCommunityCollege

Office of Human Resources
4905D East Broadway Boulevard
Tucson, Arizona 85709-1180
Telephone (520) 206-4624
Fax (520) 206-4662
www.pima.edu

Name: _____ Date: _____

Home Address: _____

City, State, ZIP: _____

Telephone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____ Relationship: _____

I understand and accept the following conditions:

1. I will not be paid wages, receive fringe benefits or be covered by Worker's Compensation in connection with the volunteer services I perform;
2. A background check will be conducted for all volunteers;
3. I must complete a background check before I can begin volunteer services for the College; and
4. This agreement may be terminated along with the volunteer services I perform at any time by the College or myself.

I will provide the following volunteer service(s):

Volunteer service(s) start date: _____ to end date: _____

Background Information: Have you ever been convicted of committing or admitted, in open court or pursuant to a plea agreement, to committing any felony criminal act? Yes No If yes, please explain the nature and circumstances of the conviction, admission or plea agreement:

Physical Job Requirements

I understand the nature of the work, including the physical requirements.

I do not need an accommodation to perform the physical requirements of this volunteer service.

I do need an accommodation to perform the physical requirements of this volunteer service.

(Please call the College ADA/EEO office at 206-4588 for a determination of whether the accommodation can be provided).

I attest that the information I have provided is accurate and complete. I understand that the omission of any information, as well as providing any false or misleading information, is grounds for immediate termination of this Agreement and my volunteer services.

Volunteer's Signature: _____ Date: _____

If minor child, Guardian's signature: _____ Date: _____

Print Name of Supervisor: _____

Supervisor's Signature: _____ Date: _____

Location of Volunteer Work _____ Contact Telephone _____

Forward the original form to the Human Resources Department (mail code 1180). Provide a copy to the volunteer and to the supervisor. This information is to be made available in the work area. In case of emergency, contact the PCC Department of Public Safety at 911 and provide as much information as possible.