VOLUNTEER STATEMENT

The undersigned, **\_\_\_\_\_\_\_\_\_\_\_\_\_**, makes this statement so as to establish the relationship of the involvement with Seward County Community College.

The undersigned will perform voluntary services on behalf of Seward County Community College, with respect to matters relating to, or affecting, the following matters: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

*No Compensation*

The undersigned, acknowledges that no remuneration shall be provided to volunteers by the College.

*Fringe Benefits*

The undersigned, acknowledges that no fringe benefits shall be provided to volunteers by the College and that volunteers shall receive no workers’ compensation coverage, unemployment compensation, retirement benefits, tenure, or benefits of any nature whatsoever.

*Confidential*

The undersigned understands and agrees, that all information is to be treated confidentially and only discussed within the boundaries of their volunteer position at the College.

*Status*

The undersigned is performing such services strictly on a volunteer basis and the undersigned will not be considered an employee the College for any purpose.

*Compliance*

The undersigned, must comply with applicable college polices and procedures and state and federal statutes.

*Term*

The term of such services shall be strictly determined by Seward County Community College.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature Signature of Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date