

# CLAREMONT MCKENNA COLLEGE



## VOLUNTEER REGISTRATION FORM AND CONDITION OF SERVICES

The following individual is donating services to Claremont McKenna College as a "volunteer" with no expectation to receive compensation or CMC benefits in exchange for such services. This individual also understands that as a volunteer, he/she is not an employee of CMC. Additionally, volunteer workers are not provided workers' compensation coverage for any injury or illness sustained while engaged in volunteer services.

**(Complete a separate sheet for each Volunteer and forward to Human Resources)**

### Volunteer Information:

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_

### Emergency Contact: Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Is the individual currently employed by CMC?** Yes \_\_\_ No \_\_\_  
(Check one – if yes, please contact Andrea Gale, Director of Human Resources at 607-1236)

Department \_\_\_\_\_ Work Site/Location: \_\_\_\_\_

Brief Description of Services Needed \_\_\_\_\_

Dates of Service: Start \_\_\_\_\_ End \_\_\_\_\_

Approximate hours per week: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Phone \_\_\_\_\_

### Volunteer Acknowledgement

I agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the Claremont McKenna College (CMC). **I understand that my services are voluntary, and that I am not an employee of Claremont McKenna College. I understand that I will not receive any compensation or benefits for my service, and that volunteer workers are not provided workers' compensation coverage.** I understand that in any volunteer activity there is a risk of injury, illness, damage and loss. In consideration of the opportunity to volunteer, I hereby release and forever discharge Claremont McKenna College, its trustees, officers, and employees, from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorney's fees and court costs arising out of my performance of volunteer services. This agreement may be cancelled at any time by notification in writing to either party. I have read the above agreement, understand it and agree to serve as a volunteer.

Volunteer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Department Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

Extension \_\_\_\_\_