



City College of San Francisco

HUMAN RESOURCES • 33 GOUGH ST • SAN FRANCISCO, CA 94103 • (415) 239-3000

Voluntary Unpaid Services Agreement

(All volunteer agreements automatically expire at the end of the fiscal year in which they were initiated.)

Name _____ SSN _____
Volunteer's Last First M.I.

Home Address _____
Street / City / State / Zip

Department _____ Phone _____

I would like to offer my services on a volunteer basis as indicated below.

I fully understand and agree that such services shall be without salary and/or fringe benefits.

DAYS	TIME	DATES	LOCATION

Services To Be Performed: (Please describe in detail. Incomplete forms will not be approved.)

I understand that these services shall be rendered only with the written permission of the Department Chairperson and the appropriate Dean. In addition, I understand that, my services as a volunteer will be covered by Workers' Compensation.

Date Signature of Volunteer

RECOMMENDED:

APPROVED:

Department Chairperson

Associate Vice Chancellor Human Resources

School Dean

cc: Administrative Services, Department Chair, Volunteer
Routing: Volunteer, Buildings & Ground, Dean, Human Resources

Ref. Board Resolutions: 890928-S1 & 791016-S2, Education Code 72506(C).

E45-10/93; 7/16