

Please Print

Volunteer Name:		Supervisor/Sponsor Name:	
Address:		Institution/Headquarters/Parole Unit:	
Telephone Number (Home):	Telephone Number (Work):	Division/Unit:	Telephone Number:

The following are the conditions accepted under this service agreement according to policies, rules, and regulations of the Department

1. No salaries, wages, or unemployment benefits are to be paid for volunteer services.
2. Worker's Compensation will be covered by the State.
3. Use of State vehicle may be permitted when directed, with a valid California Driver's License appropriate to the type vehicle(s) operated. Prior to driving a privately owned vehicle for State business, a STD Form 261 must be complete.
4. Use of State supplies may be permitted when directed to do so.
5. Category 'A' Volunteers must have on file: CDC 181, CDC 966, CDC 894, CDC 7354*, STD 610, STD 689, and complete four hours of initial and annual in-service training.
6. Reimbursement (with a copy of this agreement) will be authorized with prior approval and if funds are available
 - a) travel and per diem; b) use of private vehicle; and, c) out-of-pocket expenses.

Reimbursement approval is the responsibility of the following authorities: Institution-Community Resources Manager, Parole-Parole Administrator, Headquarters-Assistant Director, Office of Community Resources or designee.

(This duty statement is to be filled out by the staff supervisor/sponsor for category 'A' volunteers.)

I UNDERSTAND MY DUTIES ARE to provide the service described on the days and times indicated. I further understand that I only enter areas approved by my staff supervisor/sponsor.

PERIOD OF AGREEMENT: FROM: ___/___/___ TO: ___/___/___

WEEKDAY(S) OF SERVICE: _____

TIME OF DAY: _____ AREA/UNIT: _____

VOLUNTEER'S SIGNATURE

DATE SIGNED

SUPERVISOR'S SIGNATURE

DATE SIGNED

APPROVED BY: Community Resources Manager, Parole Administrator, or Assistant Director or Designee

APPROVAL SIGNATURE

TITLE

DATE SIGNED

PERFORMANCE RATING: Excellent Good Needs Improvement Unsatisfactory

*Required if volunteer enters an institution more than once per week