GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

VOLUNTEER SERVICE AGREEMENT

This agreement must be completed and approved before accepting the services of a volunteer. Volunteer services are authorized under the Volunteer Services Act of 1977, effective June 28, 1977 (D.C. Law 2-12; D.C. Official Code § 1-319.01 *et seq.*) (2006 Repl.), and regulations contained in Part I of Chapter 35 of the District Personnel Manual ("DPM"). The volunteer shall be subject to a criminal background check, traffic record check, or both, if providing unsupervised direct services to children or youth (D.C. Official Code § 4-1501.01 *et seq.*) (2007 Supp.)).

Under this agreement, _____ will provide the following services:
(Name of Volunteer)

_____

_____

_____

Last 4 Digits of Volunteer's SSN: _____

Duty Location: _____ Work Schedule: _____

Supervisor: _____ Title: _____ Telephone #: _____

DECLARATION OF VOLUNTEER

I, _____, hereby agree to donate my services to the District government in performing the duties described above. I understand that I will not be compensated for my services and that I am not entitled to other monetary benefits in connection with my volunteer work. I will, however, be considered an employee for purposes of benefits under the District of Columbia Disability Compensation Program in the event of a job-related illness or injury.

I will accept instructions for assignments from the supervisor named above. I understand that my work assignments are limited to the duties described in this agreement, unless otherwise authorized by my supervisor in writing. I will keep my supervisor informed of the status of my progress on assignments and will notify him or her if I am unable to report as scheduled or if I decide to withdraw from volunteer service and terminate this agreement.

As a volunteer member of the District government workforce, I will not engage in any form of political activity during the hours I render service for the District government, and I will not use District government resources to engage in any form of political activity.

I understand that this agreement may be terminated at any time by the District government.

_____
Signature of Volunteer

In case of emergency notify: _____ Relationship: _____

Address: _____ Telephone No.: _____

_____

Volunteer service approved by: _____ _____
Signature Title

Department or Agency: _____ Date: _____

Criminal Background Check Required: Yes ____ No ____ Traffic Record Check Required: Yes ____ No ____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

PARENTAL/GUARDIAN CONSENT AND CERTIFICATION FORM
VOLUNTEER SERVICES OF MINORS*

Please Print

1. Volunteer's Name: _____ **2.** Date of Birth: _____
(First Name, Middle Initial, and Last Name)

3. Address: _____ **4.** Telephone No.: _____

_____
(City) (State) (Zip Code)

5. Last Grade Completed: _____ **6.** School: _____

I, _____, (mother, father, guardian) of _____,
(Name of Parent/Guardian) (Name of Minor Volunteer)

hereby give my consent for him/her to volunteer his or her services to the _____.
(Department or Agency)

I understand that there is no payment for the volunteer services, and that the volunteer is not entitled to other monetary benefits in connection with his/her volunteer work.

_____ _____
(Signature of Parent or Guardian) (Date)

*Note: The Consent Form is to be filed along with the Volunteer Service Agreement