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 sea.) (2007 Supp.)). (Name of Volunteer) will provide the following services: Under this agreement, ____ 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

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

Department or Agency:

Date:

Title

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

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

Please Print

	a D . CD'.d.
1. Volunteer's Name:	2. Date of Birth:
3. Address:	4. Telephone No.:
(0'.)	(Ctata) (Zin Codo)
(City)	(State) (Zip Code)
5. Last Grade Completed: 6. Schoo	l:
	8 7
I,, (mother, father) (Name of Parent/Guardian)	er, guardian) of(Name of Minor Volunteer)
(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 amonetary benefits in connection with his/her volunteer	services, and that the volunteer is not entitled to other work.
(Signature of Parent or Guardian)	(Date)

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