

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 ☐

