The purpose of this District Personnel Manual (DPM) transmittal is to update the Volunteer Service Agreement forms for adults and minors contained in Appendix A and Appendix B of Part II of Chapter 35 of the DPM, Volunteer Services.

NOTE: This transmittal form (along with earlier transmittal forms) should be filed behind the cover sheet for Part III, Chapter 1, of the DPM.

MAKE THE FOLLOWING CHANGES TO PART II OF DPM CHAPTER 35, VOLUNTEER SERVICES

<table>
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<th>REMOVE THESE PAGES</th>
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<tr>
<td>Appendix A and Appendix B Pages 35-A1 and 35-B1 (Transmittal No. 6 (undated))</td>
<td>Appendix A and Appendix B Pages 35-A1 and 35-B1</td>
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November 29, 2007
Date

Brenda L. Gregory
Director

Attachment
Appendix A. Volunteer Service Agreement

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: ____________________________

Department or Agency: ____________________________ Signature: ____________________________ Title: ____________________________ Date: ____________________________

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

District Personnel Manual

Transmittal No. 155, November 29, 2007
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