

VOLUNTEER INFORMATION SHEET
(Complete a Separate Sheet for Each Volunteer)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Social Security #: _____

Department: _____ Division/Office: _____

Work Site/Location: _____

Position: _____

Dates of Service: Start _____ End _____

Approximate hours per week: _____

Supervisor's Name and Title: _____

Supervisor's Telephone #: _____

AUTHORIZATION:

Supervisor Date

Supervisor Date

Department Secretary Date

COMPLETE THIS DOCUMENT AND FORWARD APPROVED COPY TO YOUR AGENCY
HUMAN RESOURCES MANAGER, 500 EAST CAPITOL, PIERRE, SD 57501-5070.

EXHIBIT H

SOUTH DAKOTA VOLUNTEER WORK AGREEMENT

I, _____ agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the South Dakota Department of _____.

I understand that my services are voluntary, that I will not be compensated, and that volunteer workers are provided worker's compensation coverage. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

This agreement may be canceled at any time by notification to either party.

I have read the above agreement, understand it and agree to serve as a volunteer

_____ at _____

From _____ through _____
(date) (date)

Volunteer _____ Date _____

Parent _____ Date _____

If volunteer is under 18 years of age, a parent or legal guardian signature is required.

Supervisor _____ Date _____