

STATEMENT OF RELEASE

I, _____, fully understand that as a
volunteer at Central Arizona College from _____ to _____,
Month / Day / Year Month / Day / Year

I will not be entitled to receive any remuneration from the College; however, I may be reimbursed expenses incurred on behalf of the College as provided by college policy or procedure. Further, I accept complete responsibility for any medical fees that I might incur as a result of injury to me during this volunteer service and fully release Central Arizona College from any liability for such injury. I understand that I am not an employee of the College and have no property interest in employment with the College. During this period of volunteer service I understand that I will be required to abide by the policies and procedures of the College.

Signature

Date

Supervisor's Certification

Description of Work: _____

Volunteer Schedule: From: ____ / ____ / ____ To: ____ / ____ / ____ Hours/week: _____

Volunteer Site: Department: _____ Campus: _____

Recommendation: [] Approved [] Not Approved

Signature of Supervisor

Date

Human Resources Department

Volunteer service is: [] Approved [] Disapproved

Volunteer Job Title: _____

HRIS Transaction Date: _____ HR Clerk: _____

Assigned ID Number: _____

Human Resources Authorization

Date