

STATE OF CALIFORNIA  
**VOLUNTEER RECORD AND SERVICE AGREEMENT**  
 DGS OHR 79 (Rev. 5/92)

DEPARTMENT OF GENERAL SERVICES  
 Office of Human Resources

OFFICE	SECTION/AREA
WORK ADDRESS (Street, City and Zip Code)	
NAME (First M.I. Last)	SOCIAL SECURITY NUMBER
HOME ADDRESS	
IF AN INTERN, SHOW SCHOOL CURRENTLY ENROLLED IN	MAJOR
DATES VOLUNTEER WILL WORK	TENTATIVE WORKING SCHEDULE
FROM (Effective Date):	THRU (Expiration Date):
DUTIES	

Indicate if duties will include any of the following:

Travel      Handling of Money      Driving a State Vehicle\*      Driving a Personal Vehicle on State Business\*

\*Please supply Driver's License Number and Expiration Date    DL: \_\_\_\_\_    Expire: \_\_\_\_\_

As assigned by department personnel, I will comply with all policies, procedures, rules, regulations, directives and instructions provided by the volunteer coordinator. By entering into this agreement, I understand that I am an employee of the Department of General Services for purposes of Workers Compensation Insurance coverage only and will not receive a salary or wages. I will conduct myself in accordance with those standards set forth for regular department employees. I understand and agree to the following policies and conditions.

Any training provided by the Department is to assist the volunteer in performing functions and duties which are of benefit to the community and/or to the volunteer.

The volunteer does not replace any regular department employee.

The volunteer may be reimbursed for necessary allowable expenses for subsistence and travel in connection with approved volunteer services. Such reimbursement shall be in accordance with Board of Control Rules.

If the volunteer operates a private motor vehicle as part of his/her volunteer activities, he/she must file a certification of insurance coverage and mechanical safety of the automobile.

Note: See OATH OF ALLEGIANCE below.

SIGNATURE OF VOLUNTEER	DATE
SIGNATURE OF SUPERVISOR	DATE
APPROVED BY OFFICE CHIEF	DATE

