Office of Human Resources
VOLUNTEER SERVICES CONTRACT

Many Frostburg State University activities and events are enhanced and facilitated through individuals volunteering their services to its programs, such as WFWM, athletics, theater, and alumni relations. Frostburg State University appreciates the valuable contribution of time, effort and expertise provided by volunteers.

Volunteers of Frostburg State University are often indistinguishable from employees of Frostburg State University in the performance of services to the University community and to the public. Therefore, volunteers of Frostburg State University are expected to maintain a professional and courteous manner, dress appropriate to the function, and follow all laws, regulations, policies and procedures. Volunteers who drive Frostburg State University vehicles must have a valid driver's license and obtain authorization from the University Police before driving a University vehicle. Smoking is not allowed in University vehicles and in University buildings. Frostburg State University is a drug-free workplace and the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on Frostburg State University's owned or utilized premises. A copy of the Frostburg State University Policies on Alcoholic Beverages and Affirmative Action/Equal Opportunity are to be provided to every volunteer.

THIS DOCUMENT MUST BE COMPLETED BEORE VOLUNTEER SERVICES ARE PERFORMED. PLEASE COMPLETE THE SECTIONS BELOW AND RETURN THE ORIGINAL OF THIS DOCUMENT TO THE OFFICE OF HUMAN RESOURCES, HITCHINS ROOM 330.

Supervisor's Name and Department where services are to be performed: _____

_____

Volunteer's Name (PRINT): _____
First MI Last

Volunteer's Address: _____
Street City State Zip

Volunteer's Telephone: _____ (home) _____ (business/school)

Description of Volunteer Services to be performed:

_____

_____

_____

Date(s) and Time(s) Volunteer Services to be performed

Beginning Date: _____ Ending Date: _____

_____ _____
(Volunteer's Signature) Date

_____ _____
(Dean/Director/Department Head's Signature) Date