

RED ROCKS COMMUNITY COLLEGE VOLUNTEER AGREEMENT

Volunteer Contact Information

Last Name

First Name

Middle Initial

Address

City

State / Zip

Home Phone

Work Phone

Cell Phone

Email Address

Emergency Contact

Phone

Email Address

Description of Volunteer Work at RRCC

College Department

RRCC Contact Person

RRCC Phone

Course or Activity

Date & Time of Service

From: _____

To: _____

I have agreed to VOLUNTEER at Red Rocks Community College as stated above. I understand that I will not be paid for my services, I am not eligible for any benefits, and I am not covered under Worker's Compensation.

Volunteer Signature

Date

RRCC Contact Signature

Date

*Please submit completed form to the RRCC Human Resources Office
before the date that the volunteer work will take place.*

Background Check date cleared

Human Resources Signature

Date