**Volunteer Service Agreement**

***Attach a copy of current volunteer duty statement***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | | | | |
| **Primary Phone** | | |  | | | | **Secondary Phone** | | | |  | |
| **Mailing Address** | | | |  | | | | | **City/State/Zip** |  | | |
| **Email Address** | |  | | | | | | | | | | |
| **Check One:**  I am 18 years of age or older  I am under 18 years of age *(attach signed Parent/Guardian Permission Form)* | | | | | | | | | | | | |
| **SERVICE AGREEMENT** | | | | | | | | | | | | |
| I agree to comply with all policies, regulations, directives, and instructions of the Sacramento County Historical Society (Society), and to conduct myself in a professional manner, consistent with the same standards as established for members of the Society Board.  I understand that I will not be compensated for any work performed as a Society volunteer, other than for reimbursement of necessary and allowable expenses when authorized in my volunteer duty statement and approved in advance per Society policy.  I understand that I am not considered an employee as defined in State law and am therefore not covered by workers’ compensation and insurance laws when serving as a volunteer.  I understand that this agreement remains in effect only so long as is mutually agreeable to both the Society and me, and that either I or the Society may terminate this agreement at any time, with or without cause, and with or without advance notice (verbally or in writing). | | | | | | | | | | | | |
| **Volunteer Agreement**  ***I hereby volunteer my services as a Sacramento County Historical Society volunteer for the job duties attached.***  **Volunteer’s Signature Date** | | | | | | | | **Society Agreement**  ***(contingent on approval of appropriate forms)***  **Representative’s Signature Date** | | | | |
| **Emergency Notification** | | | | | | | | | | | | |
| **Name** | | | | | **Phone Number(s)** | | | | | | | **Relationship** |
| 1. | | | | |  | | | | | | |  |
| 2. | | | | |  | | | | | | |  |
| **Separation Date** | | | | Click here to enter text. | | **Society Representative’s Signature** | | | | | | |