



**SOUTHWESTERN**  
AN OREGON COMMUNITY COLLEGE

## Volunteer Agreement Form

Name of Volunteer: \_\_\_\_\_

Department Volunteering In:

\_\_\_\_\_

**\*Volunteer Email Address (Required):** \_\_\_\_\_

Name of SOCC Employee who will be supervising volunteer:

\_\_\_\_\_

Summary of services performed: \_\_\_\_\_

\_\_\_\_\_

### **THE FOLLOWING INFORMATION IS NEEDED FOR INSURANCE COVERAGE PURPOSES:**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

TIME OF VOLUNTEER SERVICE: (ESTIMATE IF NECESSARY)

HOURS PER DAY \_\_\_\_\_ OR PER WEEK \_\_\_\_\_

DAYS PER WEEK \_\_\_\_\_ NUMBER OF WEEKS \_\_\_\_\_

TYPICAL WORK SCHEDULE: (i.e., M-F 8-12) \_\_\_\_\_

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### **SIGNATURES:**

VALUE OF SERVICE (NOT LESS THAN MINIMUM WAGE): \$ \_\_\_\_\_ PER HOUR

Volunteer \_\_\_\_\_ Date \_\_\_\_\_

SOCC Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Dir. of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

## SOUTHWESTERN OREGON COMMUNITY COLLEGE MONTHLY VOLUNTEER TIME REPORT

Record your time worked, in hours, each day and submit your completed time report to your supervisor on the last working day of the month. YOUR SUPERVISOR MUST SIGN AND SUBMIT THIS REPORT TO THE PAYROLL OFFICE ON OR BEFORE 5 P. M. ON THE LAST WORKING DAY OF THE MONTH.

NOTE: If you do not submit a time report, you will not be covered through  
Worker's Compensation in the event of an injury.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Department: \_\_\_\_\_

Date	Regular Hours Worked	Scheduled Hours		Comments/Work Description/Volunteer Duties
		From :	To:	
Prior Month Adj.				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total				
HR/PYRL Use Only				

THIS IS AN ACCURATE REPORT OF HOURS WORKED DURING THE MONTH.

Volunteer Signature	Date	Supervisor Signature	Date

TIME SHEETS WILL BE ACCEPTED FROM THE SUPERVISOR ONLY; NOT FROM THE EMPLOYEE.

*Southwestern Oregon Community College is an equal opportunity employer and educator.*