



Volunteer Agreement

Volunteer Name		Position Title	
Address		City	State ZIP + 4
Daytime Phone No.	Cell Phone No.	Email Address	
Emergency Contact		Emergency Contact Daytime Phone Number	
Dates of Agreement (mm/dd/ccyy)		Scheduled Hours/Week	Schedule (e.g., every Friday, Wednesday through Saturday, varies, etc.)
From	To		
Volunteer Location			
Name of State Agency		Site/Program/Activity	
Address		City	State ZIP + 4
Volunteer Supervisor Name		Title	Phone Number

This agreement for volunteer services is entered into by and between the volunteer and the State agency named above. The volunteer and the State agency mutually agree to the following responsibilities:

Volunteer

1. Will be under the supervision, direction and control of the supervisor named above.
2. Shall be available for scheduled service time(s) listed above.
3. Understands that s/he is a volunteer and NOT an employee of the State of Wisconsin or the State agency named above and is not eligible for any benefits, including Worker's Compensation.
4. Understands all duties expected to be performed that appear on the Position Description and that additional duties may be added as needed.
5. Understands all work rules that are to be followed.
6. Understands that the State agency named above will provide no compensation.
7. If volunteer will be driving a State vehicle as part of his/her assigned duties, s/he will only do so after completing a Volunteer Driver Vehicle Use Agreement (DOA-3685), receiving and understanding the statewide Fleet Driver and Management Policies and Procedures, meeting the minimum driving standards, receiving proper authorization to drive a State vehicle, and, when driving a vehicle, will strictly follow the route designated by the agency.

State Agency Named Above

1. Will provide the volunteer with a Position Description describing duties to be performed.
2. Will provide training required to perform the agreed upon duties.
3. Will educate volunteers on safety awareness in the workplace.
4. Will provide necessary volunteer safety and equipment related items.
5. Will subsequently and periodically review work performance with the volunteer.
6. Will regard the volunteer as an **agent** of the State as provided in s. 895.46, Wis. Stats. As an agent of the State, the volunteer will be entitled to all the protections provided by s. 895.46, Wis. Stats.
7. Will review and update this Volunteer Agreement on at least an annual basis.

Either the volunteer or the State agency named above may cancel this agreement at any time.

Volunteer's Signature _____ Date (mm/dd/ccyy)

Authorized State Agency Representative Signature _____ Date (mm/dd/ccyy)



Volunteer Agreement - Cash Exchange

Completion of this portion of the form is only necessary for work involving exchange of cash as an agent of the state. Personal information collected will be used to administer the specific program to which you are volunteering only. There may be additional forms to be completed. Information provided may be available upon request as required under Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.)

This form must be filled out by anyone not an employee of the state and proposing to do work involving exchange of cash on a state-owned or operated property. It is important to know that as a volunteer you are not eligible for benefits reserved for employees including Worker's Compensation.

Volunteer Name	Name of State Agency	Site/Program/Activity
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I have read the terms of this Agreement and understand that I am held accountable for my actions as a volunteer and that any funds entrusted to me will be handled according to my specific state program's procedures; any misconduct may lead to termination and/or prosecution to the full extent of the law. I will comply with any Manual Codes and handbooks as applicable.

Volunteer's Signature (Volunteer Must be at Least 18 Years of Age)	Date (mm/dd/ccyy)
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This document can be made available in alternate formats to individuals with disabilities upon request.