

MCC Volunteer Request Form

1. As a Volunteer I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. Like them, I assume certain responsibilities and expect to be held accountable for what I do.
2. I will perform tasks at the direction of and on behalf of MCC, although I am not an employee of MCC.
3. I will observe confidentiality in respect to all information gained through my participation as a Volunteer. I understand that only information my supervisor feels pertinent to my role will be shared with me in order for me to perform my duties in the best way possible.
4. I understand that as a Volunteer I have agreed to work without monetary compensation or employee benefits. I expect to do my work according to the standards, Policies and Procedures at MCC.
5. I understand that my attitude toward volunteerism should be professional as reflected in my appearance and attitude.
6. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done and to the public.
7. I understand that as a volunteer, I am not a representative of MCC. I will forward all media inquiries to the Director of Communications/PIO at Ext. 310 and will refrain from comment.
8. I understand that I am engaging in this volunteer work at my own risk. I assume all risk and responsibility for any damage or injury to my property or personal injury which I may sustain while involved in this work. I will not hold MCC liable for related medical costs and expenses.
9. I understand that MCC is not responsible or liable for my personal effects and property and the College will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause.

Volunteer Contact Information:

Name (Printed): _____

Address: _____

Phone: _____ Email Address (required): _____

Volunteer Date of Birth: _____ Age: _____

Volunteer Signature: _____ Date: _____

To be completed by Supervisor:

Volunteer Duties: _____

Anticipated Dates: _____

Anticipated Hours per Week: _____

Supervisor Signature: _____ Date: _____

To be completed by Senior Administrator: _____ Approved _____ Not Approved

Senior Administrator Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____