

**Return completed form to:**  
AUL for Human Resources  
UGA Libraries Human Resources  
Main Library - Room 226



**Date:**

## University of Georgia Libraries Volunteer Agreement

This agreement is between the individual volunteer and the UGA Libraries and details the specifics of the duties/project/work to be completed. This agreement may be ended at any time at the sole discretion of the UGA Libraries. A volunteer may end an agreement at any time.

### Volunteer Information

\_\_\_\_\_  
Name (First) (MI) (Last)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Work Phone Email address

Do you work for UGA or UGA Libraries at the current time? Yes  No

Have you worked for UGA or UGA Libraries in the past? Yes  No

If yes, indicate dates of employment \_\_\_\_\_

If yes, indicate reason for leaving \_\_\_\_\_

### Emergency Contact Information

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone Email

### Department Information

\_\_\_\_\_  
Department Name Supervisor of Volunteer Department Head

Description of Volunteer Duties/Project/Work\*

\_\_\_\_\_  
Start Date End Date\*

\_\_\_\_\_  
Work Location Proposed Work Hours

\*Changes to the duties, schedule or work hours for the volunteer will necessitate the completion and approval of an updated "Volunteer Agreement."

**Signatures**

*As a volunteer*, I understand the described work/duties/project outlined above and agree to abide by all applicable University of Georgia and UGA Libraries policies and rules. Additionally, I understand that this position is unpaid and not covered by Workers' Compensation insurance.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

*As a supervisor*, I understand that I must ensure that the criteria and guidelines listed in the "UGA Libraries Volunteer Policy & Procedures" are adhered to and that any changes to the duties, schedule or work hours of the volunteer will necessitate the completion of an updated "Volunteer Agreement".

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Review & Approval**

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AUL for HR Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Librarian and Associate Provost Signature

\_\_\_\_\_  
Date

Comments: