



# Warnell School of Forestry & Natural Resources

## UNIVERSITY OF GEORGIA

Date: \_\_\_\_\_

### Warnell School of Forestry and Natural Resources Volunteer Agreement

This agreement is between the individual volunteer and the Daniel B. Warnell School of Forestry and Natural Resources (Warnell) 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 Warnell. 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 Warnell at the current time? Yes  No

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

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

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

**Emergency Contact Information**

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

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

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 the Warnell 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 "Warnell School of Forestry and Natural Resources 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 Print Name

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

\_\_\_\_\_  
Date

**Review & Approval**

\_\_\_\_\_  
Dean, Warnell School of Forestry & Natural Resources

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_



# Warnell School of Forestry & Natural Resources

## UNIVERSITY OF GEORGIA

### Volunteer Checklist

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

1. Does the individual receive any of the following:
  - a. any compensation? \_\_\_\_\_Yes \_\_\_\_\_No
  - T. any benefits such as group insurance, pension plans or length of service awards? \_\_\_\_\_Yes \_\_\_\_\_No
  - U. any nominal fee such as a per call payment? \_\_\_\_\_Yes \_\_\_\_\_No
  - V. any reimbursement of expenses such as meals, transportation and uniform allowances? \_\_\_\_\_Yes \_\_\_\_\_No

If the answer is "yes" to any of the above questions, please describe the nature of the compensation and the basis under which it is paid:

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2. Is the individual employed and paid to perform work for the same agency? \_\_\_\_\_Yes \_\_\_\_\_No

If the answer is "yes," please describe:

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3. Is the individual being paid to perform the same type of services which the individual is volunteering to perform?

\_\_\_\_\_Yes \_\_\_\_\_No

If the answer is "yes," are the service being performed for the same public agency? \_\_\_\_\_Yes \_\_\_\_\_No

4. Does the individual have a civic, charitable, or humanitarian reason for volunteering? \_\_\_\_\_Yes \_\_\_\_\_No

If "yes," please describe:

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5. Identify the place the individual works if he or she is paid to work: \_\_\_\_\_

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6. Identify the agency for which the individual wishes to volunteer services: \_\_\_\_\_

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7. If the same individual does paid work for one agency and volunteers for another, are the two agencies treated separately for statistical purposes in the Census of Governments issued by the Bureau of Census, U. S. Department of Commerce?

\_\_\_\_\_Yes \_\_\_\_\_No

8. If the individual both volunteers services and is paid to perform different work, describe the differences between the duties.

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9. How many hours a week will the individual volunteer?

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10. Will there be a set schedule under which the individual will volunteer to perform services? \_\_\_\_\_Yes \_\_\_\_\_No

If "yes," please describe:

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11. Does the individual intend to volunteer services related to law enforcement or firefighting? \_\_\_\_\_Yes \_\_\_\_\_No

12. Does the individual receive any academic credit for his or her duties? \_\_\_\_\_Yes \_\_\_\_\_No

If "yes," please describe the academic credit and note the institution of learning:

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13. Is the training received by the individual valuable to career advancement? \_\_\_\_\_Yes \_\_\_\_\_No

If "yes," please describe the career advancement potential:

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I understand that the information provided here will be used to determine whether the individual is a bona fide volunteer not subject to the minimum wage and overtime laws.

\_\_\_\_\_  
Supervisor Print Name

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

\_\_\_\_\_  
Date