

AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

GLENN COUNTY _____

(Department/Agency)

1. Name (Print Last, First, Middle Initial)

2. Address (Street, City, State, ZIP Code)

3. Description of work to be performed:

4. All of the above-described work will be noncompensable. I understand this service will not confer on me the status of a county employee.

5. I understand that either Glenn County _____ or I may cancel this agreement at any time by notifying the other party. I hereby volunteer my services as described above to assist Glenn County _____ in its authorized work.

6. Signature (Volunteer)

7. Date

8. Signature of Parent or Guardian, if Under 18 Years of Age

9. Date

ACCEPTANCE FOR GLENN COUNTY _____

(Department/Agency)

Glenn County agrees while this arrangement is in effect to:

1. Reimburse you for necessary incidental expenses, to the extent funds are available, as follows:

- | | Yes | No | |
|-----------------------------|-----|-----|--------------------------------------|
| a) Subsistence | () | () | (amount if yes) _____ remarks: _____ |
| b) Transportation Allowance | () | () | (rate if yes) _____ remarks: _____ |
| c) Provide Lodging | () | () | remarks: _____ |

2. Authorize you to operate Glenn County motor vehicles when necessary, provided you are licensed to operate a motor vehicle and maintain the necessary insurance.

- Copy of driver's license and staple to application
- Proof of insurance on vehicle

3. Provide Worker's Compensation for work related injuries.

4. Signature

5. Title

6. Department

7. Date

TERMINATION OF AGREEMENT

1. Agreement Terminated on (Month, Day, Year):

2. Signature (Glenn County Department Head)

Remarks: