

**South Orange County Community College District
Office of Human Resources**

VOLUNTEER HOLD HARMLESS AND RELEASE OF LIABILITY AGREEMENT

_____, herein referred to as a Volunteer, has
(Print First and Last Name)

offered to provide volunteer services to the South Orange County Community College District

from _____ to _____ in the
Date Date

_____ at Dist IVC SC ATEP
Department, School/Division

Are you related to anyone employed at Saddleback, Irvine Valley, ATEP or the District? Yes No (circle one)
If yes, please indicate their name(s): _____

The following functions are to be performed:

Class Name & Ticket #:

Instructor Name & Signature:

I understand and hereby agree and accept on this _____ day of _____, _____ to hold the District, its Board, officers, employees, and agents harmless for any loss, damage or injury sustained by volunteering, from any cause whatsoever, arising out of or in connection with the above activity. If approved by the Board as a volunteer, I understand that I will be covered under worker's compensation.

Volunteer Signature

Administrator Signature

Date

(Print Administrator Name)

College President Signature

Date