

EAST GEORGIA STATE COLLEGE
Request for Volunteer Services

Adopted by President's Cabinet October-30-12

Description of Volunteer Duties, Duration of the Agreement, and Benefits the College Will Derive
To be completed by the Unit, Office, or Department. If approved, attach this form to the signed Volunteer Agreement

Submitted by: _____ (NAME) _____ (Department)
Date: _____

Volunteer Name: _____
Address: _____

Description of Volunteer's Duties:

Begin Date: _____ **End Date:** _____

Benefits Provided to College:

Supervisor Name: _____ **Department:** _____

In order for state liability coverage to be effective for a volunteer, the Request for Volunteer Services, Volunteer Agreement and all supporting documents must be submitted and approved prior to the volunteer's start date.

Submit to:

Tracy Woods
Director of Human Resources
East Georgia State College
131 College Circle
Swainsboro, Georgia 30401
