

**CLEMSON UNIVERSITY
COOPERATIVE EXTENSION SERVICE
_____ COUNTY**

Volunteer Status

Name _____ Sex _____ Phone Number _____

Address _____
Street City State Zip Code

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State of Issue _____ Expiration Date _____

Auto Insurance Company _____
(If you will be driving a privately owned vehicle to transport other volunteers or participants.)

I, _____, have volunteered to serve as a _____
with the Clemson University Extension Service at its _____ office.
These duties consist generally of : _____,
_____, _____ and _____.

I understand that I am covered under the State Tort Claims Act for tortious acts committed by me **unless** my conduct is outside the scope of these official duties **or** the conduct constitutes actual fraud, actual malice, intent to harm or a crime involving moral turpitude. I further understand that in operating my privately owned vehicle in support of Extension activities, Clemson's automobile insurance coverage is in excess of any coverage which I have on my vehicle and my personal coverage is the primary coverage.

I understand further that I am not an employee of Clemson University; consequently I am not covered under any workmen's compensation coverage of Clemson nor does Clemson provide any medical insurance.

I have listed two persons not related to me as references. These individuals have definite knowledge of my qualifications:

1. Name _____ Phone Number _____
Address _____
Street City State Zip Code

2. Name _____ Phone Number _____
Address _____
Street City State Zip Code

By my signature below I authorize the CUCES to contact these references and agree that any

responses shall be confidential..

(This section MUST BE COMPLETED in accordance with CES policy if Volunteer is handling money or working with children) Further, I consent to a police records check. (Yes/No) _____ (initials). I have been informed of those factors which may constitute a disqualification.

HAVING BEEN INFORMED OF THE FOREGOING I DESIRE TO VOLUNTEER MY SERVICES AS DESCRIBED ABOVE TO CLEMSON UNIVERSITY COOPERATIVE EXTENSION SERVICE.

date Signature of Volunteer

date Witness

CUCES use only

Reference Check:

Date Person conducting check Satisfactory/Unsatisfactory

Police Records Check:

Date Person conducting check Qualified/Disqualified

Notification to volunteer: _____
Date Person making notification