

Assurances-

Agency Representatives: Please initial in the blank to the left of each item that is true for your agency.

_____ This agency is an official non-profit or charitable organization, registered as a 501(c)(3).

_____ This organization maintains liability insurance for volunteers.

_____ Student volunteers will not displace employed workers.

_____ The student named on this form is not concurrently employed by this organization.

_____ An agency representative will be available to sign a form verifying the students hours.

_____ The service the student will provide will take place between mid-August and mid-April.

_____ Appropriate volunteer orientation and training will be provided. Please describe: _____

_____ Appropriate volunteer supervision will be provided. Please describe: _____

Student: Please initial in the blank to the left of each item, assuring that you meet the listed criteria.

_____ The service I complete for the CCSG is not service that is also required of a class or internship.

_____ I am not concurrently employed by this agency.

_____ I will not be compensated in exchange for the service I complete.

_____ The hours I will complete with this agency will be done during the fall and spring by the posted deadlines.

Signatures-

We certify that the above information is correct.

Agency Representative (print)

Student (print)

Agency Representative (sign)

Student (sign)

Date

Date

RETURN TO: Clemson University Leadership and Civic Engagement, Center for Student Involvement, Division of Student Affairs, 602 University Union, Clemson, SC 29634-4064, Fax: 864-656-1200, hand deliver to the Union Information Desk, or scan and email to jshurle@clemson.edu.

----- For Community Service Office Use Only -----

Site approved for the above named student for the Clemson Community Service Grant program for the academic year _____.

Leadership and Civic Engagement Office Representative

Date