



Extracurricular Volunteer Agreement

(Initially Licensed Teacher & Classified Employees)

SCHOOL YEAR _____

I, _____, of my own free will, request to offer my time and service to serve as a volunteer _____ for _____ School. My time and service in this capacity are given freely and without the promise, expectation or receipt of **any form of compensation, benefits, or other form of remuneration** for this service other than that which is afforded to other Lincoln County Schools' employees performing the same service. I, _____, understand that performing in this voluntary capacity cannot interfere with, infringe upon, or otherwise change my normal work hours for my primary position as a _____. I understand that if my volunteer service in any manner affects my ability to perform my primary duties, my supervisor has the absolute right to discontinue my volunteer service. I understand that I will not be allowed work overtime while volunteering my service.

Employee Signature

Date

Authorized School Official

Date

Human Resources Official

Date