

Acknowledgement of Volunteer Status

Rocky Mountain Conference of Seventh-day Adventists

Volunteer's Name: _____

Volunteer's Position/Role: _____

Church/School Name: _____

As a volunteer, I understand and agreement to the following:

1. The services I provide are strictly voluntary and are performed for civic, religious, charitable, and humanitarian reasons.
2. I will receive no remuneration or wages for my services as a volunteer. I will receive no benefits or other consideration in exchange for the services I provide as a volunteer.
3. I will be eligible for reimbursement of certain out-of-pocket expenses which I may incur while performing volunteer services, including transportation mileage (at the IRS Charitable reimbursement rate) and _____, up to a maximum of \$_____ per month. I must document any reimbursable expenses I incur on the Rocky Mountain Conference Volunteer Expense reimbursement form, attach receipts and submit the form to _____ (name of person/title) at the _____ (church/school) office.
4. My activities and services are strictly voluntary and if at any time I wish to discontinue my volunteer services, I may do so. I will not suffer any penalty if I elect not to volunteer my services.
5. Volunteer services do not constitute employment with the Rocky Mountain Conference, and are not a prerequisite for employment in a non-volunteer capacity. If I decide to cease providing services as a volunteer, any employment opportunities with the Rocky Mountain Conference will not be adversely affected because I ceased volunteering.
6. The services I provide as a volunteer will not have the effect of displacing employees of the Rocky Mountain Conference.

I acknowledge that all of the activities and services in which I will engage as a volunteer to _____ (church/school) are strictly voluntary and that I do not expect to receive any remuneration or wages for such voluntary activities or services. I further acknowledge that I am not an employee of the Rocky Mountain Conference, and I shall not be entitled to participate in any employee benefit plans.

Print Volunteer Name

Volunteer Signature

(Date)