

# American Red Cross

## COUNTY VOLUNTEER SERVICE AGREEMENT FOR DISASTER OPERATIONS

### VOLUNTEER SERVICE AGREEMENT

I, \_\_\_\_\_, an employee of the Leon County Board of County Commissioner, do hereby volunteer my time, effort, and services to assist at the \_\_\_\_\_ disaster relief operation (DR# \_\_\_\_\_), located in the states of \_\_\_\_\_, beginning on \_\_\_\_\_, 20\_\_\_\_ and ending on \_\_\_\_\_, 20\_\_\_\_, a period of \_\_\_\_\_ regular business work days. Neither my supervisor, peer employee, nor any other person has compelled me to volunteer.

My travel and maintenance costs will be reimbursed by the American Red Cross, pursuant to *Staff Reimbursement Procedures and Travel Regulations*, ARC 4500XC3.

I understand that I will receive compensation from my regular employer as set forth in the Leon County Disaster Leave Law, and that I will receive no compensation from the American Red Cross while I am performing disaster relief work. Furthermore, I understand and accept that:

- ◆ I may be working under conditions which may be substantially different from those I am used to: and
- ◆ I may be working long hours; and
- ◆ There will be no relationship between the salary I receive from my regular employer and the hours I will be working as part of the American Red Cross Disaster Relief Operation.
- ◆ As a Red Cross volunteer, I am not covered by workers' compensation through the Red Cross.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee/Disaster Volunteer

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Regular Job Title

\_\_\_\_\_ ( ) \_\_\_\_\_  
Regular Place of Employment Phone Number

I hereby release \_\_\_\_\_, an employee under my supervision, from his/her regular job duties so that he/she may volunteer to assist in this disaster relief operations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Phone Number