

**VOLUNTEER WORKER AGREEMENT FORM  
CUT BANK PUBLIC SCHOOLS**



I, (Mr. / Mrs. / Ms) \_\_\_\_\_  
hereby agrees to volunteer services to the Cut Bank Public Schools  
strictly on a volunteer basis.

Volunteer Position \_\_\_\_\_  
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- As a volunteer, I understand that I will not receive any compensation for my services.
- I have been informed and understand that my volunteer services rendered will create no employee-employer relationship between Cut Bank Schools and me.
- As a volunteer, I understand that the Cut Bank School does not carry Worker's Compensation nor medical insurance for any person serving as a volunteer.
- As a volunteer, I understand that I must submit to and pass a fingerprint background check.
- Both parties agree that the schedule of services is a mutually agreed upon schedule.

Services as a volunteer may be terminated by either party at any time.

Cut Bank Schools agree to accept the services of this volunteer.

This authorization shall apply for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date