



PINAL COUNTY
VOLUNTEER SERVICE AGREEMENT

I, **(Print Name)** _____, do hereby volunteer my services as a **(Position)** _____ in the **(Department)** _____ department of the Pinal County Government.

I understand that, as a volunteer, I am not entitled to any form of compensation including, but not limited to, cash, health care insurance, retirement, Social Security, Employee Assistance Program access or life insurance. I agree to abide by the rules and policies of the Pinal County government and the department of **(Department)** _____. I understand that I, or my Appointing Authority, may discontinue my participation in this program at any time during the period of service. **(Print Name Appointing Authority)** _____.

I understand that, as a volunteer I am not entitled to any of the rights and privileges as described in the Pinal County Uniform Merit System Rules. Furthermore, I understand that participation as a volunteer does not entitle nor guarantee me future employment with Pinal County.

Volunteer Signature

Date

Appointing Authority/Supervisor Signature

Date