PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE COLLEGE RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

PURPOSE

This procedure outlines steps for consistent use of volunteers at the College.

A “Volunteer” shall mean any person who, of his/her own free will, provides goods or services without any financial gain.

PROCEDURE

The Technical College of the Lowcountry will recruit, place, and train volunteers without discrimination of race, color, religion, sex, national origin, age disability, or veteran’s status.
Volunteers will not replace a full time equivalent position; rather they supplement and complement faculty/staff to assist in the accomplishment of the goals of the College.

Volunteers will not be covered under the State Worker’s Compensation Act. As a result, if injured while serving as a volunteer, an individual cannot be compensated or reimbursed for medical expenses through the State Worker’s Compensation Fund.

The volunteer’s personal medical and accident insurance will be the coverage used for all treatment necessitated by any injury incurred when performing any assigned duty for the college.

Volunteers will be initially utilized on a 90-day trial. The supervisor will evaluate the performances of each volunteer prior to the completion of this period in order to ensure satisfactory performance and continuation of services.

Volunteers are expected to follow the policies and procedures of the College at all times to include but not limited to the following:

1. Notification of their supervisors as far in advance as possible of expected absences.

2. Solicitation and distribution by volunteers during work hours or during college-sponsored events for any purpose other than official business of the College is prohibited.

3. Because the Technical College of the Lowcountry supports a smoke free environment, smoking is prohibited in all buildings on all TCL campuses.

4. The Technical College of the Lowcountry will not tolerate any verbal or physical conduct which constitutes harassment.

5. The Technical College of The Lowcountry is a drug free educational environment and prohibits the use of narcotics, drugs, other controlled substances and alcohol on all TCL campuses.
All volunteers must sign a Statement of Information concerning Volunteer activities with the Technical College of the Lowcountry (see addendum) and complete a disclosure and release form for a criminal background investigation.

**ADDENDUM**

**I. WAIVER OF COMPENSATION/Benefits**

1. I, _____________________________, have chosen to perform volunteer services for the Technical College of the Lowcountry.

2. I understand and agree that I will not be paid or remunerated in any way for such services, either through direct compensation, benefits, or otherwise.

3. I understand and agree that my service as a volunteer is at my own election and that I may choose to discontinue such service at any time.

4. I understand that I will not be covered under the State Worker’s Compensation Act. As a result, if I am injured while serving as a volunteer, I cannot be compensated or reimbursed for medical expenses incurred through the State Worker’s Compensation Fund.

5. I further understand that my personal health and accident insurance will be the coverage for treatment necessitated by injury incurred while performing duties as a volunteer.

6. I understand and agree that I am not an employee of the Technical College of the Lowcountry or the Technical College System and as such do not receive payment from or perform compensable services.

**II. RELEASE OF LIABILITY**

I, _____________________________, release and hold harmless the Technical College of the Lowcountry and the current and former directors, officers, administrative officials, employees, and agents thereof (in their individual and representative capacities) from all claims of injury or damage resulting from my participation as a volunteer for the Technical College of the Lowcountry.

Volunteer Services performed in: _____________________________
TECHNICAL COLLEGE OF THE LOWCOUNTRY

PROCEDURE

PROCEDURE NUMBER: 6-1-601.24

PAGE: 4 OF 4

(Name of Office/Department)
Superior of the Volunteer: ________________________________ (Please print name of supervisor)
Printed Name of Volunteer: ___________________________________________________________
Signature of Volunteer: ________________________________ Date: ________________
Social Security #: ________________________________
Address: ________________________________________________
City: __________________ State: _______ Zip: ____________
Phone Number: ________________________________

This form must be completed by all volunteers and submitted to the Personnel Office prior to the person beginning their volunteer services.