



GEORGIA GWINNETT COLLEGE STUDENT VOLUNTEER AGREEMENT

Academic year: 2024-2025

Thank you for agreeing to volunteer your services to Georgia Gwinnett College (GGC). Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

I am requesting to serve as a volunteer with GGC for the following opportunity on campus:

(Name of Volunteer Program)

I understand that I am a student volunteer. I further understand and agree that I am consenting to a background check. (A link will be sent to your email address by [Accurate background services](#) to complete the consent form. Please provide your email address below.

Student's Email Address: _____ (Please print clearly)

Student Volunteer's Name & Signature

Date

Program Director's Name

Date