



Marion County
OREGON

County Employee Volunteer Service Waiver

I, _____, fully understand that my decision to volunteer in the Marion County _____

_____ department in the _____ program is entirely my own. I also understand that no payment will be made for my volunteer work.

During my tenure as a volunteer with the department and program above, I will not use work time to conduct my volunteer duties, nor will I perform any volunteer duties that are of the same nature as my paid duties with Marion County.

Signed _____

Dated _____