LAMAR INSTITUTE OF TECHNOLGY VOLUNTEER STATEMENT

I,	, acknowledge that I will be serving Lamar
Institute of Technology in a volunte	eer status in the position of
in the department of	during the period of
	As a volunteer I will receive no remuneration for
my activities. As a volunteer I will	not be covered by the Workers' Compensation
Insurance of Lamar Institute of Tee	chnology.
Volunteer Signature:	Date:
Department Head:	Date:

A copy of this agreement with a job description should be given to the volunteer

employee and filed in the following locations.

- 1. Human Resources
- 2. Department