Bowie State University Agreement to Participate in Volunteer Services

This agreement to participate in volunteer services must be completed and provided to the participating employee’s supervisor in advance of the volunteer service.

Objective
Bowie State University (BSU) and the University System of Maryland (USM) seek to encourage USM employees to offer their time and talents to benefit our citizens through community service during fiscal year 2016.

Service Leave
A. A BSU employee may receive up to 4 hours of paid administrative leave to perform qualifying volunteer service during normal working hours.
B. The leave must be pre-approved by the employee’s supervisor and scheduled at a time when it will not impair essential functions of the employee’s unit or department.
C. The period in which service leave may be taken will end on June 30, 2016.

Eligibility
All regular, faculty and staff; long term contractual faculty, and contingent II staff members are eligible.

Qualifying Volunteer Service
A. The volunteer service must be performed in conjunction with an organization that has a valid 501 (c)(3) designation from the Internal Revenue Service. The activity performed must be non-partisan and non-profit.
B. The volunteer service must not attempt to promote religious beliefs or influence legislation, governmental policy, or elections to public office.
C. A participating employee may not receive any direct compensation or benefits for the service.
D. Time spent commuting to and from the volunteer site or time the employee volunteers after regularly scheduled work hours is no considered qualifying volunteer service.

Volunteer Opportunities
Below are links to volunteer opportunities in the State of Maryland;
- Maryland Volunteer Centers (http://gosv.maryland.gov/pdfs/VolunteerCenters.pdf)
- Maryland Charities Database (http://www.sos.state.md.us/Charity/SearchCharity.aspx)

You may identify other opportunities for approval.

Acknowledgement
I acknowledge that I have carefully read and fully understand this Agreement and acknowledge I have knowingly and voluntarily entered into this Agreement by signing below. I also acknowledge that my decision to volunteer is entirely voluntary, with no coercion by my employer, no promise of advancement, and no penalty for not volunteering.

Employee Name: ____________________________________________ Department: ________________________________

Employee Signature: ________________________________________________ Date: ____________________________

Supervisor Signature: ______________________________________________ Date: ____________________________

Vice-President Signature: ____________________________________________ Date: ____________________________
Verification of Volunteer Service

Complete the below portion of this Agreement after your service and return to your supervisor for additional signature and recordkeeping.

TO BE COMPLETED BY AN AUTHORIZED SUPERVISOR ASSOCIATED WITH THE CHARITABLE ORGANIZATION: This is to certify that the above named employee participated in the following volunteer service:

Organization Name: ____________________________________________________________

Organization Address: __________________________________________________________

Organization Contact: ___________________________ Phone#: _______________________

Date of Service: _______________________________ Hours of Service: __________________

Description of the service provided by the volunteer: ______________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I certify that the volunteer service has been performed in conjunction with an organization that has a valid 501(c)(3) designation from the Internal Revenue Service. The activity performed was not partisan or for-profit and did not promote religious beliefs or influence legislation, governmental policy, or election to public office. I further certify that the participating employee did not receive any direct compensation or benefits for the service.

Program Supervisor Signature: ___________________________ Date: ______________________

Employee Signature: ___________________________ Date: ______________________

Employee’s Supervisor Signature: ___________________________ Date: ______________________