County Auditor's Form 3398 Harris County, TX (REV. 05/13)

VOLUNTEER ACKNOWLEDGEMENT, WAIVER, AND RELEASE

I certify that I am volunteering my services to Harris County and	on an as-
needed basis without expectation of compensation or benefits. (Name of Department)	
I acknowledge and understand that I am not an employee of Harris County and will receive no pay, be privileges of employment of any kind for my services, including, but not limited to, salary, reimbursement for my transportation, or any other expenses whatsoever which may be incidental to no volunteer.	travel, parking,
I acknowledge and understand that because I am not an employee of Harris County, I am not entitled normally associated with employment, such as workers' compensation, retirement, and paid leave accrua	•
I also understand that I am not eligible for unemployment compensation benefits when my volunteer as even if Harris County terminates my services.	ssignment ends,
I certify that I have not been promised and have no expectation that I will receive a paid position as volunteer work. I also understand that I must abide by the rules and regulations of Harrow to the best of my ability, including complying with all applications.	ris County and
(Name of Department) state, and local laws.	
I understand that my services as a volunteer can be terminated at any time by me or by Hamman	arris County or
(Name of Department)	
I acknowledge and understand that I may be exposed to confidential information while volunteering my agree to respect the confidential nature of all information. I also agree not to remove such information county premises or to make any copies of such information without the express approval of Harris County	tion from Harris
I understand that I may use a Harris County computer or electronic communication device in the course responsibilities, and I agree to safeguard my passwords or any other authorizations that I am given that confidential information. I accept responsibility for all activities undertaken using my password or authorization.	t allow access to
I have read and agree to the volunteer acknowledgement, waiver, and release statement.	
(Print Name)	
(Signature)	
(Date)	