

**REPUBLIC OF PALAU  
VOLUNTEER AGREEMENT**

This agreement is entered into by and between the Government of the Republic of Palau, hereinafter referred to as the “Government” and \_\_\_\_\_, hereinafter referred to as the “Volunteer,” who is a citizen of \_\_\_\_\_.

**INFORMATION FOR VOLUNTEERS:**

The experience you will receive while serving as volunteer is appreciated by the Government. Although the Government greatly appreciates your interest in and willingness to volunteer your services as a volunteer to the Republic of Palau, doing so does not in any way create any guarantee or expectation that you will one day be employed by the Government. Upon satisfactory completion of your voluntary service, the Government will, upon request, provide a statement and/or documentation attesting to the services you provided.

A volunteer provides voluntary services without compensation from the Government. In addition, a volunteer does not have an employment relationship with the Government and receives no wages, salary, or other compensation for services. A volunteer is also not eligible for employment benefits, including annual leave, sick leave, retirement benefits, tuition benefits and/or, health insurance. A volunteer will not receive reimbursement for expenses unless it is specifically agreed to by the Government, acting through an appropriate management official, and only then any such reimbursement will be subject to the Government’s procurement procedures as well as any other applicable laws.

A volunteer who is asked to drive, transport passengers, and/or have contact with minors and health patients must undergo a background investigation, including providing satisfactory evidence of personal responsibility and suitability for the task. The nature and extent of the required background evidence will be determined on the basis of the intended services assigned to the volunteer.

As a volunteer, you will not be authorized to act on behalf of the Government in any business matters, such as procurement, contracts, employment and/or contact with the media on issues that concern the Government.

As a volunteer for the Government you will be subject to all Government rules, regulations and policies on safety and security, including non-discrimination, sexual harassment, drug and alcohol abuse, intellectual property, confidentiality of records and ethics and conflict of interest restrictions. You should familiarize yourself with these policies, as well as any other applicable policies implemented by the Ministry, Bureau or Division where you will be providing volunteer services.

A volunteer whose assignment results in the creation of a tangible work product, including research, must agree that the results of those services will become intellectual property owned by the Government, unless there is a specific written agreement otherwise.

A volunteer may terminate his/her volunteer services at any time. Similarly, the Government may terminate the services of a volunteer at any time.

**AGREEMENT BETWEEN THE GOVERNMENT AND THE VOLUNTEER:**

**I. VOLUNTEER DECLARATION, QUALIFICATION, AND CERTIFICATIONS**

- a) Volunteer represents that he/she is qualified, competent and able of performing the duties and services for the position of \_\_\_\_\_ at the Ministry of \_\_\_\_\_, Bureau of \_\_\_\_\_, Division of \_\_\_\_\_.
- b) The Government does/does not require that the volunteer provide proof of professional certifications: \_\_\_\_\_. The Volunteer certifies that he/she holds the following professional certifications in the following jurisdictions: \_\_\_\_\_. Volunteer agrees that he/she will provide sufficient proof of such professional certification/licensing.
- c) Volunteer agrees to demonstrate loyalty to the Government at all times and shall perform the duties of this position in an ethical manner and to the best of his/her ability. Volunteer further agrees not to engage in any strike against the Government. Volunteer understands and acknowledges that he/she is aware that kickbacks and gratuities offered or made in connection with the provision of any goods or services to or by the Government are illegal, and further certifies that he/she has neither offered nor been offered any payment or other promise in connection with volunteering for the Government.

**II. SERVICE PERIOD AND SCHEDULE**

- a) Volunteer agrees that he/she will begin serving as a volunteer on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, through the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
- b) Volunteer further agrees that he/she will provide volunteer services during the following schedule, unless agreed to otherwise:

Sunday: \_\_\_\_:\_\_\_\_ o'clock a.m./p.m. to \_\_\_\_:\_\_\_\_ o'clock a.m./p.m.  
Monday: \_\_\_\_:\_\_\_\_ o'clock a.m./p.m. to \_\_\_\_:\_\_\_\_ o'clock a.m./p.m.  
Tuesday: \_\_\_\_:\_\_\_\_ o'clock a.m./p.m. to \_\_\_\_:\_\_\_\_ o'clock a.m./p.m.  
Wednesday: \_\_\_\_:\_\_\_\_ o'clock a.m./p.m. to \_\_\_\_:\_\_\_\_ o'clock a.m./p.m.  
Thursday: \_\_\_\_:\_\_\_\_ o'clock a.m./p.m. to \_\_\_\_:\_\_\_\_ o'clock a.m./p.m.  
Friday: \_\_\_\_:\_\_\_\_ o'clock a.m./p.m. to \_\_\_\_:\_\_\_\_ o'clock a.m./p.m.  
Saturday: \_\_\_\_:\_\_\_\_ o'clock a.m./p.m. to \_\_\_\_:\_\_\_\_ o'clock a.m./p.m.

**III. STIPEND**

- a) Government agrees to provide Volunteer with the following stipend:

\_\_\_\_\_  
\_\_\_\_\_

#### **IV. CERTIFICATION**

By signing below, Volunteer understands, acknowledges and agrees to the following:

1. My services are entirely voluntary. I have not been pressured or unduly influenced to provide services without compensation, but rather do so of my own free will.
2. The services I provide as a volunteer, and any product or creation that arises from my services, are hereby donated to the Government without reservation of rights of any kind.
3. I will not receive any payment, nor otherwise be compensated for my services, except as provided for above. I understand that if I incur any expense in connection with the performance of my services that I will only be reimbursed if approved by the Government, subject to any applicable laws, rules, regulations and policies governing such reimbursement.
4. I will follow the instructions and directions of all Government employees who are responsible for supervising me while I am a volunteer. While some of my duties may require that I act independently, I understand that all of my volunteer services are subject to the supervision and direction of an appropriate management official in the area where I volunteer.
5. I understand that I am subject to all laws, rules, regulations and policies governing all Government employees, including restrictions on discrimination, sexual harassment, drug and alcohol abuse, intellectual property, confidentiality of records and ethics and matters that present a conflict of interest. I further agree that if I am the victim of any discrimination or sexual harassment that I will immediately report any such incident to the Government Bureau of Human Resources. Similarly, if I become aware that any employee or volunteer has violated any law, rule, regulation or policy governing Government employees I will immediately report any such incident to the Bureau of Human Resources. I further agree that I will cooperate with any investigation undertaken by the Government that concerns claims of discrimination and/or sexual harassment as well as any violation of the laws, rules, regulations or policies applicable to Government employees.

IN WITNESS WHEREOF, the parties have executed this Volunteer Agreement

**REPUBLIC OF PALAU NATIONAL GOVERNMENT**

**Requesting Appropriate Management Official:**

\_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**Bureau of Human Resources/Procurement Officer:**

\_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Director, Bureau of Human Resources

**Certification of availability and source of funding:**

*(Applicable for any volunteer who receives payment of a stipend and/or travel expenses)*

\_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Director, Bureau of Budget and Planning

Charge to account: \_\_\_\_\_ Lapsing\_\_\_\_ Non-Lapsing\_\_\_\_

**Certified as to form and legality:**

\_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Attorney General

**VOLUNTEER:**

*(to be signed by volunteer AFTER Government Officials certifications)*

\_\_\_\_\_  
Print Name & Sign

\_\_\_\_\_  
Date