



## Valdosta State University Structured Volunteer Agreement

1. Thank you for agreeing to volunteer your services to Valdosta State University (VSU). Please affirm your acceptance of the terms of this agreement, stated below, with your signature.
2. I agree to serve as a volunteer with VSU and the \_\_\_\_\_ (insert name of Operating Group).
3. I agree that my participation in the activities outlined in the attached Description of Volunteer Duties (which is part of this agreement) is not in exchange for any consideration (e.g., pay, benefits, and the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration.
4. I understand that I will not be enrolled as a student at VSU, and that no academic credit will be granted by VSU.
5. I agree that, as a volunteer, I will not be a VSU employee. I understand and agree that VSU and I both have the right to end my volunteer relationship with VSU at any time, for any reason, and without advance notice. I further affirm that no apparent or potential conflicts of interests are present.
6. I understand that as a volunteer, I will not be entitled to any employee benefits. I understand that VSU will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering. I also understand that I am not covered by workers' compensation laws in connection with my volunteer affiliation.
7. I understand that my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to \_\_\_\_\_. I voluntarily accept these risks. I release and hold harmless the Board of Regents of the University System of Georgia, Valdosta State University, their members, employees, agents and authorized representatives, from all losses, damages, costs, and expenses, claims, demands, rights, and causes of action resulting from any personal injury, death, or damage to property arising out of my volunteer activities.
8. I agree to abide by all applicable rules and regulations of the University System of Georgia and any of the department or units where I engage in volunteer activities. I also agree not to disclose any confidential information including but not limited to records, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service.
9. I further understand and agree that I will be required to submit to a background check for any volunteer services involving direct contact with students.

This agreement is valid from \_\_\_\_\_ to \_\_\_\_\_ (no greater than two years).

Program Name \_\_\_\_\_ Phone \_\_\_\_\_

Program Supervisor's Name \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer's Name \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer's Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

\*Parent's Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Updated 10/13/17