

# Volunteer Agreement and Release

## Volunteer Information

|                        |       |     |
|------------------------|-------|-----|
| Name Of Volunteer      |       |     |
| Contact Phone          |       |     |
| Contact E-Mail Address |       |     |
| Department / Event     |       |     |
| Supervisor             |       |     |
| Services Performed     |       |     |
| Date(s) of Service     | From: | To: |

## Terms of Agreement and Release

- I understand and agree that as a volunteer I shall not receive nor claim any compensation for my services.
- I understand that if I am a WSU employee, I am using my personal time to conduct volunteer activities.
- As a non-employee, I understand that WSU does not provide me with accident or medical insurance and is not responsible for any accidents or medical expenses incurred by me. Furthermore, as either a non-employee or an employee, I understand that I am not covered by Workers' Compensation nor am I entitled to employee benefits as a result of my volunteer affiliation.
- I, on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless the State of Ohio, WSU or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or is related to my volunteer activities.
- I can expect to be provided training in all appropriate health, safety and standard operating procedures related to my volunteer position. I agree to accept the training provided and to carry out my volunteer duties according to the current procedures and guidelines in effect as provided.
- I understand that WSU shall have the right to release me as a university volunteer at its sole discretion and without prior notice.
- By signing this agreement I attest to the fact that I am eighteen years of age or older.
- I understand that during my volunteer service, I may have access to, or may observe certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University and to keep any University records or files confidential.
- I have read and understood this Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate in volunteer service at WSU.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|                         |  |
|-------------------------|--|
| Name (printed)          |  |
| Signature of Volunteer  |  |
| Date                    |  |
| Signature of Supervisor |  |
| Date                    |  |