

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 activities.
- I understand that if I am a WSU employee, I am freely choosing to use my personal time to conduct volunteer activities and such activities are not required for or part of my regular job duties.
- If I am 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 in connection with my volunteer activities. 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 status/activities.
- I consent to a background check in accordance with University Policy, and agree to conduct myself in accordance with University Policy at all times while engaged in volunteer activities.
- I, on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless the State of Ohio, Wright State University, and any of its trustees, officers, agents, or employees from any and all liability, damage, losses or claims of any nature that arises out of or is related to my volunteer activities.
- I can expect to be provided training in appropriate health, safety and standard operating procedures related to my volunteer activities. 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 or cause.
- By signing this Agreement I attest to the fact that I am eighteen years of age or older and competent.
- 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.

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	
Signature for Parent/Guardian if under 18	
Date	
Signature of Supervisor	
Date	