

**Idaho State University  
Authorized Volunteer Services Agreement**

I, the undersigned, have volunteered to perform the service(s), listed below, for the following Idaho State University (ISU) sponsored field trip/event/activity, without compensation, and in accord with the following understandings:

☞ ISU Department: \_\_\_\_\_

☞ ISU Sponsored Event: \_\_\_\_\_

☞ Service(s) Performed: \_\_\_\_\_

☞ Dates of Service: (From)\_\_\_\_\_ (To Approximately)\_\_\_\_\_

☞ This volunteer service will not confer on me the status of an ISU employee; however, while acting within the course and scope of this Agreement, I am covered under the provisions of:

1. Idaho Tort Claims Act, which protects a State employee from liability for injury or damage to others while the employee is acting within the course and scope of his or her duties, and
2. ISU's Worker's Compensation Policy, which provides compensation for work-related injury.

☞ If I am less than eighteen (18) years old, my parent or guardian consents to this agreement by signature below.

☞ I understand the health and physical conditions requirements for performing the services described above, and certify that I know of no physical condition or limitation that may adversely affect my ability to perform this service(s).

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By my signature below, I hereby agree to and fully understand all of the above conditions as outlined above.

**Volunteer Name (please print):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Home Telephone No. (include area code)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If participant is younger than 18 years of age)

**Name of Emergency Contact:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_

**Telephone No.** *(include area code)* \_\_\_\_\_

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**Authorized Volunteer's ISU Supervisor Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**INSTRUCTIONS:**        **MUST BE COMPLETED PRIOR TO VOLUNTEER WORK**  
                                 **KEEP LOG OF TIME (HOURS/DAYS)-RETAIN IN DEPARTMENT**  
                                 **RETURN SIGNED FORM TO RISK MANAGEMENT, CAMPUS BOX 8410/FAX 282-5745**