

Idaho State University
Authorized Volunteer Services Agreement

I, the undersigned, have volunteered to perform the service(s) described by my supervisor, for Idaho State University (ISU) without compensation, and in accordance with the following understandings:

Volunteer is defined as: An individual who performs services for and directly related to the business of the University, without expectation of compensation.

While acting within the course and scope of this Agreement, I agree to abide by all ISU Policies and Procedures, and federal, state, and local laws. My volunteer assignment can be terminated at the discretion of the University.

☞ ISU Department, Club, Organization or Event: _____

☞ Service(s) Performed – ***SUPERVISOR must attach a detailed description of the services and scope of duties to be performed (“driving for field trips for the semester” WILL NOT BE ACCEPTABLE)***

☞ Dates of Service: (From) _____ (To) _____

☞ This service will involve minors: Yes: _____ No: _____ If yes, please complete the Background Check Authorization Form (a new check is required every four (4) years).

☞ This Agreement 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:

- Idaho Tort Claims Act, which protects me from liability for bodily injury or property damage to others while I am acting within the course and scope of my duties (unless the act is committed with criminal or malicious intent), and;
- ISU’s Workers’ Compensation Policy, which provides compensation for a work-related injury.

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

By my signature, I hereby agree to and acknowledge all of the conditions set forth above.

Volunteer Name: _____ Date: _____

Date of Birth: _____ Phone: _____

Address: _____

Volunteer Signature: _____

Parent/Guardian Name: _____ Date: _____

(If participant is younger than 18 years of age)

Parent/Guardian Signature: _____

Name of Emergency Contact: _____

Relationship to Volunteer: _____ Phone: _____

Authorized Volunteer's ISU Supervisor Name: _____

Title: _____ Signature: _____

THIS AGREEMENT MUST BE COMPLETED PRIOR TO VOLUNTEER WORK BEGINNING
A LOG OF TIME VOLUNTEERED (HOURS/DAYS) MUST BE RETAINED IN THE DEPARTMENT
RETURN SIGNED FORM TO RISK MANAGEMENT, CAMPUS BOX 8410/FAX 282-4821