



**Idaho State
University**

Volunteer Services Agreement

Volunteer Name: _____ **Phone Number** _____

Dates of Volunteer Service: _____ **Date of Birth:** _____

Description of Volunteer Services: _____

Thank you for volunteering with Idaho State University.

Please affirm your acceptance of the following terms with your signature below.

1. I understand the requirements for performing the above volunteer services and certify that I know of no condition or limitation that may adversely affect my ability to perform the services.
2. I am NOT an employee of Idaho State University and have volunteered to perform services without compensation.
3. I understand that as a volunteer I must abide by all rules, regulations, policies, procedures, practices and instructions of Idaho State University and to use reasonable care in all that I do.
4. I understand I must respect the highest level of privacy for all members of the university community and participants in university programs, including members of the public.
5. I understand I do not have a formal work appointment for these particular services and Idaho State University may terminate my appointment as a volunteer at any time.
6. I understand that while acting within the course and scope of this Agreement, I am covered under the provisions of: A) The Idaho Tort Claims Act, which protects volunteers from liability for bodily injury or property damage to others while I am acting within the course and scope of their duties (unless the act is committed with criminal or malicious intent), and; B) ISU's Workers' Compensation Policy, which provides compensation for an injury sustained in the course and scope of volunteer services provided under this Agreement.
7. I understand that if this volunteer service involves minors, I must complete a Background Check Authorization Form.

I am aware of and agree to the terms and conditions of this Volunteer Services Agreement.

Volunteer Signature

Date

Parent/Guardian Signature (if volunteer is under 18 years of age)

Date

Name and Title of Authorized Volunteer's Supervisor

Supervisor Signature

Date

Name of Emergency Contact

Relationship

Phone Number

THIS AGREEMENT MUST BE COMPLETED PRIOR TO VOLUNTEER WORK BEGINNING