



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 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 my volunteer 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