

Office of Human Resources
Volunteer Agreement and Release

Name of Volunteer: _____
(Please print)

I have chosen to volunteer my services to Youngstown State University (YSU) in the _____ Department to perform the following services _____. These services may involve the following risks

(ex. Risks normally encountered in an office environment, with teaching college students, with driving an automobile, etc.)

I am willing to accept these risks in order to participate in YSU's volunteer program. Please Initial: _____

TERMS OF AGREEMENT AND RELEASE:

1. I agree that my participation in the above activities is without compensation.
2. I understand that I do not have a formal work appointment for those particular services.
3. **I understand that YSU does not provide me with accident or medical insurance and is not responsible for any accidents or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my voluntary affiliation.**
4. I have read, and agree to abide by the applicable attached YSU policies and any other applicable policies regarding my responsibilities while volunteering my services.
5. I understand that YSU shall have the right to release me as a university volunteer at its sole discretion and without proper notice.
6. **I, on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless the State of Ohio, YSU or any of its trustees, officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or is related to my volunteer activities.**
7. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older (or signature of Parent/Guardian below) and am able to perform the above-described volunteer services with or without reasonable accommodation.
8. I understand the terms and conditions of this agreement are valid for the duration of my volunteer status as so determined by YSU. This agreement may be modified by YSU as it deems necessary and, if so modified, I will be provided with notice of such modifications.

Please affirm your acceptance of the terms of this agreement stated above with your signature, and please accept our sincere thanks for your valuable contributions to Youngstown State University.

Dates of Service _____ to _____
(Maximum of 1 year- form to renewed annually) Volunteer Signature _____ Date _____

Signature of Parent or Guardian for a Volunteer that is less than 18 years of age _____ Date _____

To be completed by the Youngstown State University Representative only:

In order to fulfill their volunteer duties and obligations to the University, please provide the volunteer with the following (check as appropriate):

_____ ID Card _____ Parking Pass _____ YSU Email Address _____ Building/Office Keys
(Requires approval from Executive Director of Facilities)

_____ Other (Please List) _____ Background Check Requested: Yes No

Department Account Number _____ Volunteer Adjunct Faculty Yes No

Name of Immediate Supervisor _____ Department Head Signature _____ Date _____

Procedures:

- Have volunteer complete Volunteer Agreement and Release
- Have volunteer complete a Background Release Form and Employee Personal Data Form
- Provide one copy of Agreement to YSU volunteer; keep one for your departmental files
- Send the original Agreement, Personal Data Form, and Background Release Form to HR Employee Processing for review
- Contact Human Resources when the volunteer's service ends prior to the end date reflected above

YSU/HR Use Only: Initial & Date: _____ HR Review _____ Date _____ EPC _____ Date _____
Background Check Completed _____ Date _____