

Volunteer Services Form

SECTION ONE (To Be Completed By Volunteer)

NAME (Please Print) _____

Contact Information _____

E-mail Address

Telephone

Residential Address

Street Number

City

State

Zip

1. I have reviewed the description of volunteer services to be performed and amount of time required (see the Volunteer Description on the opposite side of this page). I agree to carry out the specified duties and assignments to the best of my abilities.
2. I am aware of the physical demands associated with those assignments and understand the activities I will be performing may be physically demanding (see Volunteer Description). I hereby declare, to the best of my knowledge, I am capable of performing the tasks expected to be assigned.
3. I understand and agree that I will not be compensated for any of the duties, activities, and assignments that I perform as a volunteer. The University may, at its sole discretion, provide for a nominal fee, actual expenses or reasonable benefits, consistent with applicable law.
4. I understand that either the University or I may cancel this arrangement at any time by notifying the other party.
5. I give my permission for free use of my name, voice, and picture in any promotional or media coverage of my volunteer services.
6. I understand that if I am injured or involved in an accident while providing volunteer services to the University, Worker's Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
7. I agree to comply with all federal and state laws and all University policies and rules.
8. I understand I may be subject to a criminal record check or other background investigation.

I hereby volunteer my services, as described in the Volunteer Description.

Signature of Volunteer

Date

Approval Signature of Parent/guardian if under 18

Date

Emergency Contact Information

Name _____ Relationship _____

Phone Number(s) _____

SECTION TWO (To Be Completed by Southern Utah University)

Southern Utah University hereby authorizes volunteer to provide services according to the Volunteer Description below and in accordance with Utah Code Ann. §67-20-1, et. seq.

As the supervisor, I understand that I am responsible to train and supervise this volunteer. I also understand that should an injury occur to an individual while in a volunteer status, it must be reported to Human Resources, Ext 7754, in accordance with their processes.

Supervisor Signature

Title

Date

I approve the utilization of the services of the volunteer as noted in the Volunteer Description.

Approving Authority Signature

Title

Date

I approve the utilization of the services of the volunteer as noted in the Volunteer Description.

Human Resources Signature

Title

Date

VOLUNTEER DESCRIPTION

VOLUNTEER TITLE _____

VOLUNTEER LOCATION(S) (*Office/Building/Facility*) _____

DESCRIPTION OF ASSIGNMENTS TO BE COMPLETED (*Describe duties and physical demands. Attach further documentation if necessary.*)

TIME REQUIRED

Estimated total time commitment (hours, days, weeks, or months) _____

Hours per day (if applicable): _____ Days of the week (if applicable): _____

Other Information: _____

[] Volunteer requires background check (Call HR, Ext 7754, for help making this determination.)