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4.207:01 Volunteer Agreement Form

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Volunteer Agreement Form

We are pleased that you have decided to volunteer your services to Antioch University and the [department, lab, institute, etc.] (Hereinafter referred to as AU or the university). Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to AU.

1. I am:
 - a. not currently working for AU as an employee (faculty, staff or student worker), as an employee of a temporary agency assigned to work at AU, or as an independent contractor providing services to AU. Should this status change, I agree to notify the [department] immediately;
 - b. currently an AU employee (faculty, staff or student worker),
 - a former AU employee (faculty, staff or student worker),
 - an employee of a temporary agency assigned to work at AU, or
 - an independent contractor providing services to AU; and

I understand that the services provided as a volunteer are distinct and separate from the services provided in the capacity noted above and that I will not receive compensation, payment, benefits or other valuable consideration for the services provided as a volunteer under this agreement.

2. I agree that my participation in the activities outlined in the attached Description of Volunteer Service (which is part of this agreement) is not in exchange for any consideration (e.g., pay, benefits, and the promise of future employment). I acknowledge that, in exchange for my service as a university volunteer, I have neither been promised any consideration nor do I expect to receive any consideration.
3. I agree that, as an AU volunteer, that the university and I both have the right to end my volunteer relationship with the university at any time, for any reason, and without advance notice. I understand that I do not have a formal work appointment for these particular services.
4. While volunteering on AU premises I agree to abide by all rules, regulations, policies, procedures, practices and instructions of the university and to use reasonable care in all that I do including my compliance with the university's Title IX, Sexual Harrassment and Sexual Violence Policy # 4.607.
5. My compliance with university policy includes the responsibility to respect the highest level of privacy for all members of the university community. Because many offices handle a

variety of proprietary and private information concerning colleagues, students, patients, alumni, donors, and others associated with the university, protecting privacy is the responsibility of the entire university community. As a volunteer, I agree to not disclose or discuss any confidential information obtained from the university, school or departmental records, either during or after my volunteer work with AU. This includes, but is not limited to, intellectual property, proprietary trade information, student records, payroll figures, and personnel data such as employee home addresses, patient records and donor files.

6. I understand that as a university volunteer, I must comply with The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) which is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Generally, schools must have written permission from the student (or parent if the student is a minor) in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.
7. I understand that as a university volunteer, I will not be entitled to any employee benefits. In this regard, I understand that the university will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering. I also understand that I am not covered by workers' compensation laws in connection with my university volunteer affiliation. Further, I certify that I have health and/or accident insurance that will cover any personal injury that I may sustain while providing volunteer services and/or using university facilities and equipment, regardless of cause, and I agree to provide proof of such insurance upon request
8. AU agrees to provide me with third party liability insurance to protect me from any claims filed against me related to the duties described in the attached Description of Volunteer Duties. In exchange, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless AU or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or related to my volunteer activities.
9. 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.

10. This agreement is valid for the period beginning [*date*] and ending [*date*] and that I will spend approximately _____ hours [*per day or per week or per year*] providing volunteer services.
11. I agree that this agreement (along with the Description of Volunteer Service) sets forth the entire agreement between me and the AU regarding my service as a university volunteer and supersedes any written or oral understanding, promise or agreement that is not referred to and incorporated in this agreement. I agree that this agreement shall be governed by the state law in which it was executed, and may be changed only by a written document signed by me and an authorized university official.

University Volunteer's Signature _____

Date _____

Home Address _____

Telephone _____ E-mail _____

Provide one copy of this agreement to the university volunteer. The department should retain this agreement for three years from university volunteer separation.

Antioch University Description of Volunteer Service

Name of Volunteer: _____

Period of Volunteer services: From _____ To _____

Volunteer Services to be provided: _____

Department for which volunteer services will be provided:

Specific location(s) at which volunteer services will be provided:

AU Supervisor(s) to who Volunteer will report: _____

Volunteer's Signature _____ Date _____

Supervisor's Signature _____ Date _____