COLUMBUS STATE UNIVERSITY
VOLUNTEER APPLICATION

Volunteer's Name (Please Print): _____ **Student ID No:** _____

Email: _____ **Cell Phone No.** _____ **Home Phone No.** _____

Mailing Address: _____ **Date of Birth:** _____

If Minor/Under the age of 18, Name of Parent or Guardian _____ **Tel. No.** _____

Emergency Contact Name: _____ **Emergency Contact Tel. No.** _____

Briefly describe activities you are volunteering for: _____

Please indicate days and times you are available to volunteer: _____

Name of department or employee that will supervise/sponsor volunteer activities: _____

Describe any specialized education, skills training or education you possess: _____

Briefly describe any previous volunteer experiences, the agency for which volunteer services were performed and the type of volunteer services you provided: _____

Certifications (check all that apply): ☐ **Basic First Aid** ☐ **CPR** ☐ **Driver's License**
☐ **SCUBA** ☐ **Other** _____

Are you under the age of 18 at the time of volunteer activities? ☐ **Yes** ☐ **No**
Will the activity you are volunteering for require interaction with minors, i.e., individuals under the age of 18? ☐ **Yes** ☐ **No**
(CSU will conduct a background check for all volunteers working with minors.)
Have you ever been convicted of a crime or misdemeanor? ☐ **Yes** ☐ **No**
Are there any felony charges pending against you? ☐ **Yes** ☐ **No**

PLEASE READ CAREFULLY

I certify that the information provided on this Volunteer Application is true and accurate and any misrepresentation provided on this form may result in the denial and/or immediate termination as a volunteer. If selected as a Volunteer, I will comply with all the terms set forth below, the requirements specified by my supervisor and acknowledge that the university may at its discretion terminate my participation in providing volunteer services at any time.

I understand that if I am under the age of 18, a parent or guardian must agree to the terms of this Volunteer Application

TERMS OF AGREEMENT

1. I agree that my participation in the activities outlined above is not in exchange for any consideration (e.g., pay, benefits, promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have not been promised anything consideration, and have no expectation of receiving any consideration whatsoever.
2. I agree that, as a volunteer, I will not be acting as a CSU employee or student. I understand and agree that CSU and I both have the right to end this volunteer relationship at any time, for any reason, and without advance notice.
3. I agree to cooperate with any screening and background checks required by the University prior to my performance of any Volunteer Duties.
4. I understand that CSU is self-insured through the Department of Administrative Services against state tort claims and that this coverage is provided for volunteers in programs organized, controlled and directed by CSU for the purposes of carrying out the functions of CSU. ***I UNDERSTAND THAT COVERAGE DOES NOT APPLY WHEN I***

DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.

5. I understand that as a volunteer I will not be entitled to any employee benefits. I understand that CSU will not provide me with accident or medical insurance and is therefore, not responsible for any accident or medical expenses I incur in the course of volunteering. I also understand that I am not covered by workers' compensation laws in connection with my Volunteer Duties and that it is in my best interest to obtain my own medical insurance before participating in my Volunteer Duties. I understand that if I utilize my personal vehicle, CSU does not provide comprehensive or collision insurance for my personal vehicle.
6. I agree not to disclose any confidential information concerning research subjects, unpublished research data, and other confidential information of which I may learn in the course of my Volunteer Duties. I acknowledge and agree that any intellectual property I create in the course of my activities as a volunteer shall be the property of the CSU.
7. My performance of the Volunteer Duties is purely voluntary and I agree to assume all risk associated therewith. I do hereby release, waive, discharge and covenant not to sue Columbus State University and the Board of Regents of the University System of Georgia and their employees, officers, members and agents (collectively, "CSU et al") from all liability, loss, damage, or claim resulting from my negligence, recklessness, or intentionally wrongful conduct in the performance of my Volunteer Duties. I also agree to indemnify and hold CSU et al harmless from all claims, demands, causes of action, actions, judgments or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with my negligent, grossly negligent, reckless, or intentionally wrongful conduct in the performance of my duties as a Volunteer or that arise as a result of my status as a Volunteer.

By submitting this form, I, _____, attest and affirm that the information provided on the Volunteer Application is true and accurate.

Volunteer:

_____ _____
Signature Date

_____ _____
Parent/Guardian Signature Date
(if volunteer is a minor, i.e., under 18 years old)

Approved by:

_____ _____ ◯ Yes ◯ No
Head of Sponsoring Department Date Background Check Required

If you have questions regarding the volunteer form or need additional information, please call or email Shanita Pettaway at 706.507.8904/pettaway.shanita@columbusstate.edu or Ric Barrow at 706.507.8233/barrow.richard1@columbusstate.edu