

**COLUMBUS STATE UNIVERSITY  
VOLUNTEER AGREEMENT**

This Agreement confirms your acceptance of the terms under which you have agreed to serve as a Volunteer of Columbus State University (CSU). Please affirm your acceptance of these terms with your signature below. *If you are under the age of 18, the signature of your parent or guardian is required.*

**Volunteer Information**

Volunteer's Name (Please Print): \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Emergency Contact Name/Tel. No.: \_\_\_\_\_

Sponsoring Department: \_\_\_\_\_ Supervisor of Volunteer: \_\_\_\_\_

Description of Volunteer Duties: \_\_\_\_\_

Location where Volunteer will Perform Duties: \_\_\_\_\_

**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 any 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 both CSU and I 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.

**Volunteer:**

**Approved by:**

Signature	Date	Head of Sponsoring Department	Date	Yes/No Background Check Required
-----------	------	-------------------------------	------	-------------------------------------

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(if volunteer is a minor, i.e., under 18 years old)*