

RECORD OF VOLUNTEER SERVICE

Section 1 - VOLUNTEER INFORMATION

Name: _____

Date of Birth: _____ Phone #: _____
*(Attach proof of age if volunteer is under the age of 18)*Home Address: _____
*Street City State Zip*Mailing Address *(if different from above)*: _____
Street City State Zip

Emergency Contact: _____ Phone #: _____

As a volunteer, I agree to abide by all applicable rules and regulations of Southern Illinois University and guidelines of this unit/department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that I am not covered by the State of Illinois Self-Insured Workers' Compensation Program. I further understand and agree that the University shall not be responsible for any injuries to me or damages to my property that may occur in the course of the volunteer service. I agree to indemnify and hold the University harmless to the extent permitted by law for any such injuries or damages. I further understand the University may terminate this agreement at any time without prior notice.

Volunteer's Signature: _____ Date: _____

Complete only if volunteer is under 18 years of age:

As parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for Southern Illinois University. I further acknowledge that I have completed an Authorization for Treatment form on his/her behalf.

Parent/Guardian: _____
Print Name Signature Date

Section 2 - To Be Completed by Supervisor

Department where volunteer will provide service: _____

Supervisor responsible for volunteer: _____
Name and Title

Supervisor's Telephone Number: _____ E-Mail: _____

Please describe the services the volunteer is expected to perform:

Volunteer's qualifications to perform this service: _____

Volunteer service will begin _____ and end _____

Volunteer's references: _____
(if utilized) *Name Relationship to Volunteer Phone #*_____
Name Relationship to Volunteer Phone #

Supervisor's Signature: _____ Date: _____

This form should be maintained by the College of Science. A copy shall be furnished to the volunteer.

**SOUTHERN ILLINOIS UNIVERSITY
VOLUNTEER SERVICE AGREEMENT/
ASSUMPTION OF THE RISK/
WAIVER OF LIABILITY**

I, _____, (hereinafter “Volunteer”), a resident of _____, am interested in volunteering my time, knowledge, talent, and service to Southern Illinois University (“SIU”) to _____ (“Activity”).

Section 1. No Employment or Compensation for Services.

I understand and agree that I am not an employee of SIU nor will I receive any compensation for my service at SIU, including but not limited to, any class credit at an educational institution, monetary compensation, workers’ compensation in the event of an injury to me, any type of insurance, disability benefits, contributions to a retirement fund or other retirement benefits. I further understand and agree that SIU may terminate my ability to provide volunteer services at any time and without prior notice to me. I understand that I have no property interests of any type in my volunteer service for SIU.

Section 2. Assumption of the Risk.

Volunteer recognizes that the performance of volunteer service exposes him/her to inherent risks of various types of personal injury or property damage. Volunteer hereby expressly assumes the risks of injuries and/or property damage. Volunteer recognizes and agrees that SIU does not have any liability for such injuries or property damage.

Section 3. Waiver and Release of Liability.

Volunteer hereby waive, release, discharge, and/or hold harmless the Board of Trustees of SIU and all of its agents, officers, officials, employees, and assigns from all

manner of actions, causes of action, suits, debts, and sums of money, dues, claims, and demands, in law or equity arising out of any service or activities Volunteer performs on behalf of SIU. Volunteer understands and agrees that he/she shall be solely responsible for any and all damages or injuries arising out of the volunteer services. Volunteer makes this waiver of his/her own free will, without any promises of favor or gain from SIU.

Section 4. Confidentiality.

Volunteer agrees that he/she will not at any time during or after the term of this Agreement, without the prior written consent of SIU, disclose to anyone not properly entitled to disclosure of any proprietary or other confidential information related to the business or financial matters of SIU. I further agree that upon termination of this Agreement for any reason, Volunteer will not take or retain, without written authorization from SIU, any papers, lists, books, files, or other documents or copies of confidential items or other information or property of any kind belonging to SIU.

Section 5. Compliance with University Policies

Volunteer agrees to comply with all laws and University policies, including the Student Code of Conduct, while engaged in the Activity or any travel to or from the activity. Volunteer further agrees that he/she shall not consume any alcoholic beverages while engaged in the Activity or any travel related to the Activity or for a minimum of twelve hours prior to the start of the Activity or any travel related to the Activity.

Section 6. Use of Personal Automobile

I understand that any personally owned automobiles used in conjunction with this Activity are not insured or otherwise covered or indemnified by the University for any personal property damage, personal injury, or liability. I understand that if I utilize a personally owned automobile I am required to carry auto liability insurance as required

by the State of Illinois and any state in which this Activity involves. Further, if I agree to be a passenger in a vehicle that is not owned and/or operated by a University faculty member or representative, I hereby assume any and all risks that may be associated with riding in such vehicle and will hold the Releasees harmless from any and all loss, damage, injury, or liability that may arise from such act.

Section 7. Termination

Volunteer further understands and agrees that the University may terminate the Activity at any time, for any or no reason, in its sole discretion. In such event, Volunteer agrees to cease all activities immediately and to exit the premises of the University.

IN WITNESS whereof, I have read, reviewed, and executed this Agreement on this the ___ day of _____, 20__.

Volunteer

Signed before me this ___ day of _____, 20__.

Witness

This form should be maintained by the College of Science. A copy shall be furnished to the volunteer.