

Voluntary Service Approval and Acknowledgement Agreement

Section 1: Supervisor/Manager: Please complete a brief description of required responsibilities and estimated timeframe for this volunteer assignment, including justification for the position. Please forward to Human Resources for review and approval PRIOR to anyone starting in this assignment.

Department: _____ Anticipated Start Date: _____

Responsibilities, Justification, and Estimated Timeframe:

Supervisor/Manager Signature _____ Date: _____

Director, HR Signature _____ Date: _____

Section 2: To be completed by volunteer:

Name: _____ Are you at least 18 years of age? _____

Full Address: _____

Telephone Number: _____ Email Address: _____

Are you eligible to work in the US? _____

Emergency Contact Name: _____ Telephone Number: _____

Please affirm your acceptance of the following terms with your signature below.

- I agree that my participation in the activities outlined above is wholly voluntary and without salary or other valuable consideration. I acknowledge that I am not an employee of St. John Fisher College and the College has the right to terminate my assignment as a volunteer without cause or notice.
- I understand that St. John Fisher College is not responsible for any accident or medical expenses incurred by me. I further understand that I am not entitled to any employee benefits, except workers' compensation, as a result of my volunteer affiliation.
- In exchange for the opportunity as a volunteer at St. John Fisher College, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless St. John Fisher College and its officers, agents, and employees from any and all liability, damage, or claim of any nature arising out of or related to my volunteer activities.
- I will abide by all St. John Fisher College policies, procedures, and external regulations, including but not limited to those relating to ethical behavior, safety, confidentiality, protected health information, computer use, financial responsibility, and drug/alcohol use.
- I have received a copy of the St. John Fisher College Volunteer Policy.
- I understand that I must sign an Authorization of Disclosure and Release of Claims form in order that the College can conduct a background check prior to my starting any volunteer activities at the College.
- I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.

Volunteer's Signature: _____ Date: _____

Copy to volunteer and Supervisor/Manager; Original to Human Resources

Background Release Signed (date) _____ Background Check Completed (date) _____

[Updated 10/2016]