Iowa State University Volunteer Participation Agreement

Print or Type Information Below:

<table>
<thead>
<tr>
<th>Name of Volunteer (print)</th>
<th>Email Address</th>
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</thead>
<tbody>
<tr>
<td>Name of Volunteer Supervisor (Faculty or P&amp;S)</td>
<td>Name of Department or Unit Director/Chair</td>
</tr>
<tr>
<td>Title of Volunteer Opportunity</td>
<td>Date(s) of Service</td>
</tr>
<tr>
<td>If this is associated with an Event, enter Event Name</td>
<td>ISU Department/Unit:</td>
</tr>
<tr>
<td>Description of Volunteer Service</td>
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</tbody>
</table>

We are pleased that you have decided to participate in an Iowa State University (ISU) volunteer opportunity. PLEASE READ THIS DOCUMENT CAREFULLY, it contains important information applicable to all ISU volunteers. ISU sincerely thanks you for your valuable contribution to the University.

Volunteer Participation Agreement:
I, ________________ (“Volunteer” name), wish to volunteer and participate in the volunteer opportunity (“Opportunity”) identified above. In consideration of my participation in the Opportunity, I hereby state my understanding and agreement to the following:

- Volunteer has read, understands, and agrees to abide by ISU’s ‘Volunteers’ policy, available at: [https://www.policy.iastate.edu/policy/volunteers#liability](https://www.policy.iastate.edu/policy/volunteers#liability)
- An ISU employee may not volunteer to perform services for the university that are identical or similar to his/her duties as an employee.
- A person is not considered a volunteer when the decision to volunteer such services was not made freely, without pressure or coercion.
- A person may not volunteer if the person would displace or replace an employee position.
- Volunteer understands that their participation in the Opportunity is entirely voluntary and at their own risk. Volunteer fully understands the scope of the activities and the risks involved in the Opportunity. Volunteer agrees to assume the risks of their participation in the Opportunity, including the risk of catastrophic injury or death.
- Volunteer understands and agrees that Volunteer is not an ISU employee while participating in the Opportunity, nor is the volunteer paid a salary or wage for their participation. Further, Volunteer understands and agrees that Volunteer is not entitled to any employee benefits and Volunteer is not covered by workers compensation laws in connection with the Opportunity.
- Volunteer understands and agrees that ISU does not provide insurance to cover medical expenses for injuries that may be sustained by Volunteer or for damage to Volunteer’s personal property, and that ISU strongly recommends that Volunteer carry their own health, medical, and property insurance for purposes of potential losses related to this Opportunity.
- Volunteer hereby releases and fully discharges Iowa State University, the State of Iowa, the Board of Regents of the State of Iowa, its affiliates and their respective successors, assigns, officers, directors, employees and agents from any and all claims or causes of action that may be brought by Volunteer or Volunteer’s successors, heirs, and/or assigns, including all liability for damage to personal property, personal injury or loss arising out of or related to Volunteer’s participation in the Opportunity to the fullest extent permitted by law.
• Volunteer understands that they have been authorized to conduct the volunteer service defined and described in Description of Volunteer Service (above). Any modifications to scope of service must be done in writing and approved by the Volunteer Supervisor and the Department Chair or Unit Director.
• Volunteer will only volunteer for activities within their ability and skill level.
• An individual younger than fifteen years of age must be accompanied and supervised by their parent or guardian when serving as an ISU volunteer.
• An individual younger than eighteen years of age must have the permission of their parent or guardian to become an ISU volunteer.
• An individual who is a foreign national must provide proof of proper visa or other legal authorization permitting him/her to volunteer at the university.
• An individual who has been convicted of an offense for which he/she appears on the National Sex Offender Public Website or for which he/she must register with the Iowa Sex Offender Registry as required by Iowa Code Chapter 692A may not serve in a volunteer capacity for Iowa State University or affiliated organizations.
• Volunteer has no authority to enter into a contract or make a financial commitment on behalf of the University.
• Iowa Tort Claims Act. Subject to the determination of the Iowa Attorney General in a particular case, Chapter 669 of the Code of Iowa provides for defense and indemnification of Iowa State University employees, volunteers and agents while they are acting within the scope of their authorized volunteer duties, and while under the direction and supervision of the University.

• Behavior Expectations. Throughout the Term of this Agreement, Volunteer is expected and required to follow the directions and guidance of the Volunteer Supervisor. Volunteer also agrees to follow any schedule established in connection with the Opportunity. Further, Volunteer is expected and required to comply with all applicable: Federal, State, and Local laws; ISU policies, rules, and regulations; and policies and standards of the ISU department named above, together with all related training in general and specifically applicable to the Opportunity.
• Volunteer understands and agrees that ISU is committed to maintaining an environment that is free from discrimination and harassment. Discrimination and harassment at ISU is unacceptable conduct and will not be tolerated.
• Volunteer understands and agrees not to disclose or discuss any confidential information obtained from ISU, either during or after the Opportunity.
• Volunteer understands and agrees that ISU has the right to release a volunteer for any lawful reason and without prior notice.

By signing below, Volunteer attests they are 18 years of age or older, aware of, understand, and accept the terms and conditions of this Agreement and is signing this Agreement of their own free will. If the volunteer is under the age of 18, their parent or guardian must sign this form.

Signatures:

Volunteer (or parent/guardian)  ___________________  Date

Department Chair / Director  ___________________  Date

Supervisor of Volunteer  ___________________  Date

Page 2 of 3
Emergency Treatment Release and Information

If an injury or other medical condition arises, I HEREBY GIVE PERMISSION to the ISU representative to provide routine first aid and to seek emergency treatment including X-rays or routine tests. In an emergency situation, I give permission for an ISU representative to contact the individual(s) that I have listed under Emergency Contact Information. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the ISU representative to secure and administer treatment for me, including hospitalization.

IF PARTICIPANT IS UNDER 18 YEARS OLD. In the event of an accident or serious illness, I, parent/guardian, hereby authorize representatives of ISU to obtain medical treatment and transport for my child on my behalf. I waive my right to receive informed consent prior to and such transportation or treatment. I hereby hold harmless and agree to indemnify ISU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from the medical treatment or transport. I further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to my child that may occur during their participation in the Opportunity.

Volunteer Name (Please Print): ________________________________________ ________________________________________

Date Volunteer Signature

Emergency Contact Information

Name of Contact: ______________________________________________ Relationship to Volunteer: _____________________________________________

Phone: __________________________ Alt. Phone: ________________________________

Volunteer Agreement Record Retention:
Signed original – departmental file for 3 years
Scanned copy – send to orm@iastate.edu
Scanned or paper copy – to volunteer for his/her records