



Volunteer Agreement – Non-Research

Date: _____

Clear Form

Volunteer Name: _____

Volunteer Address (street): _____

Volunteer's address (city, state, zip): _____

Dear _____

Thank you for volunteering your services to our department effective _____ through _____.
The following is a summary of your duties and responsibilities:

You will receive training on the duties you will be performing, and feedback will be given to you on your performance. As a volunteer, there is no compensation for your services.

Your work schedule will be: _____.

Your supervisor is _____ and should be contacted for any scheduling issues or questions concerning your service as a volunteer. Special requirements of serving as a volunteer in our department (such as specific skills the person must possess, driver's license and insurable driving record, dress code, etc.) are:

The University's liability coverage provides protection for volunteers while acting in an official capacity and within the scope of their duties. Worker's Compensation Insurance does **not** provide medical coverage for volunteers even if the injury occurs during the volunteered hours. All medical issues, including health care insurance, are the total responsibility of the volunteer. Legal services are not provided by University Counsel if criminal charges are lodged against a volunteer. If you are a current employee, you are encouraged to file a worker's compensation claim should you be injured during the volunteered hours.

Sincerely,

Name of Department Director/Chair: _____

Title: _____

Are you a current ODU employee? Yes ☐ No ☐

I have read and understand the above information and I agree to the terms of the duties as a volunteer at Old Dominion University.

Signature: _____ Date: _____

Emergency Contact: _____
Name Phone