



VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY FORM

PART 1 TO BE COMPLETED BY VOLUNTEER ONLY (Please Print)

Name of Volunteer _____ Primary Phone Number _____

Address _____

First Emergency Contact Name: _____ Relationship _____

Primary Phone Number _____ Secondary Phone Number _____

Second Emergency Contact Name: _____ Relationship _____

Primary Phone Number _____ Secondary Phone Number _____

Volunteer services to be provided and risks involved _____

MANDATORY QUESTIONS-ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED:

- 1. I am at least 18 years of age (if you are under the age of 16 you may not serve as a volunteer). Yes No
(A No answer requires the agreement of a parent or guardian) *
- 2. Have you ever been convicted of, pled guilty or no contest to, been found responsible for, or found delinquent of a misdemeanor crime (excluding a traffic/minor misdemeanor offense) or a felony? Yes No
- 3. Are there any criminal charges pending against you (excluding a traffic/minor misdemeanor offense)? Yes No
- 4. Are you required to register with the sex offender registration of any state, including Ohio, and/or are you subject to sex offender community notification, residency restrictions, or limitation laws? Yes No
- 5. Have you ever had charges suspended or stayed while placed on probation, a diversionary program, or the equivalent to a diversionary program in the state of Ohio or another state? Yes No
- 6. Have you ever been suspended or dismissed from any college/university for nonacademic reasons? Yes No

-----If you answered Yes to question 2, 3, 4, 5 or 6 please provide additional information on page 3 of this form----

TERMS OF AGREEMENT AND RELEASE: By signing below I hereby acknowledge, understand and agree that:

- 1. I am able to perform the above-described volunteer services with or without reasonable accommodation.
- 2. My participation in the above activities is without compensation.
- 3. I am not an employee of YSU or I am volunteering in capacity unrelated to my employment and I understand that I am not covered by Workers' Compensation or entitled to employee benefits, including accident and medical insurance, as a result of my voluntary affiliation with YSU.
- 4. YSU is not responsible for any accidents or medical expenses incurred by me during my volunteer services.
- 5. I have read, and agree to abide by applicable YSU policies, procedures and rules governing my actions, including but not limited to those relating to standards of conduct, safety, confidentiality, protected health and student information, use of computers and resources, financial responsibility, substance abuse, discrimination/harassment and sexual misconduct.
- 6. YSU has the right to release me as a YSU volunteer at its sole discretion with or without notice.
- 7. I am willing to accept the risks associated with my volunteer services.
- 8. YSU may modify the terms and conditions of this agreement as it deems necessary; and will provide me with notice of such modifications.
- 9. I have a continuing duty to report any changes to the information I have supplied.
- 10. The information provided herein is accurate and true to the best of my knowledge.
- 11. I understand that as a volunteer, I am responsible for completing a hazing education module and I am required to report any hazing incidents.

I sign this agreement of my own free will and on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless the State of Ohio, YSU or any of its trustees, officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or is related to my volunteer activities.

Volunteer Signature and Date _____

*Parent or Guardian Signature and Date: **On behalf of the minor volunteer, I agree to the terms and condition of this agreement** _____



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PART 2: TO BE COMPLETED BY YSU DEPARTMENT REPRESENTATIVE ONLY (Please Print)

Dates of Service from _____ to _____ (Maximum of 1 year; new forms, reviews and approvals are required after the expiration of 1 year of volunteer services).

Describe the full scope of activities to be provided by volunteer (attach additional sheet[s] if necessary): _____

Will the volunteer be involved in programs or activities specifically designed for participation by minors? Yes* No
*(A Yes answer requires a background check and completion of on-line course through the Human Resources Organizational Development Office *Protecting Children: Identifying and Reporting Misconduct* *).

In order to fulfill their volunteer duties and obligations to YSU, please provide the volunteer with the following (check all appropriate) _____ ID Card _____ Parking Pass _____ YSU E-mail address _____ Building/Office Keys (Requires approval of the Executive Director of Facilities) _____ Other: please list _____

Volunteer Adjunct Faculty Yes No Background Check Requested Yes No

NOTE: All volunteers in the Department of Athletics must complete a background check.

Department Account Number _____

Name of Immediate Supervisor (please print) _____

Department Head Signature and Date _____

Procedures:

- Volunteer must complete *Volunteer Agreement and Release of Liability Form*.
- Volunteer must complete a *Background Release Form* (regardless of whether the volunteer will be currently working with minors or is volunteering in the Department of Athletics).
- Provide one copy of *Volunteer Status Confirmation, Release of Liability and Confidentiality Agreement* to volunteer; keep one for your departmental files.
- Send the original *Volunteer Status Confirmation, Release of Liability and Confidentiality Agreement* and *Background Release Form* to Human Resources ATTN: Volunteer Processing.
- Wait for Human Resources recommended/non-recommendation of the volunteer/volunteer services.
- Contact Human Resources if the volunteer's service ends prior to the dates of service noted above.

PART 3 HUMAN RESOURCES REVIEW.

HR Staff Initial and Date: HR Review _____ Date _____ EPC _____ Date _____

Form and Application Materials Complete Incomplete/Missing Information _____

Background Check completed _____ Date _____

A **Yes** answer to any **MANDATORY BACKGROUND QUESTION** requires review and approval of the CHRO/Designee.

- The volunteer is approved for the described services.
- The volunteer is not approved for the described services.

CHRO/Designee Signature and Date _____

