

UAM OPERATING PROCEDURE 290.1

VOLUNTEER SERVICE

Volunteers can be beneficial to the University and may also enhance and expand the knowledge and experience of the volunteer. Individuals performing volunteer services for the University must agree to the provisions stated in the Volunteer Agreement Form. The UAM Human Resources Office will maintain individual files on each volunteer. Supervisors of volunteers shall:

1. Provide proper guidance and supervision to the volunteers.
2. Ensure individuals are engaged in duties and functions that are mutually beneficial to the University and the individual.
3. Ensure that the Volunteer Agreement Form is properly completed and distributed as indicated on the Form.
4. Ensure Volunteer Agreements Forms are processed each fiscal year if volunteer services extend past June 30 of each year.
5. Complete the Cancellation section, copy, and distribute Volunteer Agreement Forms when volunteer agreements are cancelled or terminated.

Revised: January 27, 2020

Revised: July 1, 2011

July 1, 2008

THE UNIVERSITY OF ARKANSAS AT MONTICELLO
VOLUNTEER AGREEMENT FORM

(Form must be completed and filed each fiscal year)

| General Information | | |
|---|------------------------------------|--------------------------------------|
| Name: _____ | | |
| Last | First | MI |
| _____ | | |
| Phone: Home (____) _____ Cell (____) _____ | | |
| Permanent Address-Street _____ | | |
| Email Address: _____ | | |
| City, State, Zip _____ | | |
| Person to notify in case of emergency: | | |
| _____ | | |
| Last Name | First Name | |
| _____ | | |
| Address | Phone: Home (____) _____ | |
| _____ | | |
| City, State, Zip | Cell (____) _____ | |
| _____ | | |
| Primary Unit: _____ | Brief description of duties: _____ | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Timeframe | | |
| Effective Dates: | Starting _____ | Ending _____ |
| | | (Ending date cannot go past June 30) |
| Cancellation | | |
| Revised: Ending or Cancellation Date _____ | | |
| Agreement cancelled by: | | |
| Unit/Department Head _____ | Date _____ | |
| Cancellation approved by: | | |
| Supervising Executive Council Member _____ | Date _____ | |
| Unit/Department Head shall promptly provide copies of cancelled agreement to the Personnel Office and to the volunteer, if necessary. | | |

I (volunteer) understand:

- And agree to comply with all University rules and regulations applicable to my presence at the University and that I will follow the directions and guidance of the department and my supervisor during my volunteer assignment. I likewise agree to follow my assigned schedule established in connection with my volunteer duties.
- And agree that the University has the right to end (cancel) my volunteer relationship with the institution at any time, for any reason, and without advance notice.
- I may be subject to pre-employment screening and background checks.
- I must possess a valid driver's license and that I will be subject to a Department of Motor Vehicle driver's license background check if my duties include driving for the University.
- As a University volunteer, I will not be entitled to any employee benefits. In this regard, I understand that the University will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering.
- I am not covered by worker's compensation laws in connection with my volunteering for the University.
- And agree that my participation in the volunteer activities is not in exchange for any consideration (e.g., pay, benefits, the promise of future employment). I acknowledge that, in exchange for my service as a University volunteer, I have neither been promised any consideration nor do I expect to receive any consideration or future employment.
- If I am not a citizen or permanent resident of the United States, I certify that I have an appropriate visa status that authorizes me to be present in the United States and allows me to volunteer my services at the University.
- I am expected to carry personal medical insurance to cover medical expenses for any injuries I may incur while performing volunteer services.
- And agree to release the University and its officers, employees, agents, and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property, that volunteer may incur due to the negligence of the University, its officers, employees, agents, and representatives or others due to accidental occurrences while visiting the University or otherwise engaging in activities pursuant to the Agreement.
- That I must be the age of eighteen or older to enter into this Agreement.
- And agree to protect the confidentiality and security of information restricted by various privacy

laws and regulations.

- My signature below affirms that I have read and understand the terms and conditions of this Agreement and I fully agree to the provisions stated herein. Additionally, the information on this form is accurate to the best of my knowledge.

Volunteer Signature: _____ Date: ____/____/____

Supervisor Section: I agree to provide proper guidance and supervision for the above named Volunteer.

Supervisor signature Date: ____/____/____

Supervising Executive Council Member signature Date ____/____/____

Distribution- Original- Filed in Personnel Office

- ◆ Copy to Volunteer
- ◆ Copy to Supervisor
- ◆ Copy to Supervising Executive Council Member