# Volunteer Identification and Agreement

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| Name:  |
| Address:  |
| Phone Number: Date of Birth:  |
| Emergency Contact: Phone Number: |
| MSU Department:  |
| Supervisor’s Name: Phone Number:  |
| Volunteer Dates (May not exceed one year)Start: End: |
| Description of Volunteer Duties:  |

Thank you for volunteering at Montana State University (MSU). Please affirm your acceptance of the following terms with your signature below.

 1) I agree that my participation in the activities outlined in the Description of Volunteer Duties is wholly voluntary and without salary or other valuable consideration. And, I acknowledge that I am not an employee of MSU and that it has the right to terminate my assignment as a volunteer without cause or notice.

 2) I understand that MSU is not responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my volunteer affiliation.

 3) I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.

University Volunteer's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide one copy of this agreement to the university volunteer.

Retain this agreement for three years from university volunteer separation.