

Volunteer Identification and Agreement

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Emergency Contact: _____ Phone Number: _____

MSU Department: _____

Supervisor's Name: _____ Phone Number: _____

Volunteer Dates: Start: _____ End: _____

(May not exceed one year)

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.