



**Volunteer Service Agreement & Release
Required of all participants.**

We are pleased that you have decided to volunteer your services to LSSU, _____.
(Department Name)

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to LSSU.

I, Dr./Mr./Mrs./Ms. _____
(Circle One)* (First name)* (Middle initial)* (Last name)*

in consideration of being allowed to participate in the volunteer service of LSSU (the "University") do hereby agree that:

1. I understand and agree that my volunteer service will be from _____ to _____.
(Month/Day/Year)* (Month/Day/Year)*

At the end of such period, I understand that my volunteer service will cease.

2. I understand and agree that my volunteer service is in no way an offer of employment by the University and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my volunteer participation. I further agree to release the University from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of the University.
3. I understand that I will be volunteering at a four year, state university and I therefore agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that the University may end my volunteer service at any time, with or without cause.
4. I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University and to keep any University records or files confidential. I also agree to keep any information about students confidential and not to disclose, discuss or reveal any such information to anyone other than those involved in my volunteer service with me who possess a need to know.
5. Depending on the length and nature of my volunteer service, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.
6. In the event that my volunteer services will be in a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to: HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities.

7. In consideration of my being allowed to participate as a volunteer, I agree to release, indemnify and hold harmless LSSU, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of LSSU persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the University's facilities during my participation in the volunteer service.

8. I understand, as a university volunteer, LSSU does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my University volunteer affiliation.

9. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Michigan.

10. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate as a volunteer. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Signature of the Participant*

Date*

Printed Name of the Participant*

Banner ID or SS Number*

**Provide one copy of this agreement to the university volunteer.
Retain this agreement for three years from the end of service.**



Volunteer Service Parental Consent
Required for participants under 18 years of age.

Signing below, I _____, hereby attest to the following:
(Name of Legal Guardian)*

1. I am the legal guardian of _____, who is under eighteen years of
(Name of Volunteer Participant)*
age, and has my permission to participate as a volunteer from _____ to _____
(Start Date)* (End Date)*

described in her/her Volunteer Service Application which I have read and signed.

2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless LSSU, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of his/her participation in the volunteer service, whether caused by the negligence, action or inaction of LSSU persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the University's facilities during his/her participation in the volunteer service.

3. I understand that as a university volunteer LSSU does not provide him/her with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her university volunteer affiliation.

4. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord.

Signature of the Legal Guardian*

Date*

Printed Name*

**Print the full name and address of a person who can be reached between the
hours of _____ and _____ in case of emergency.**

Print Name*

Relationship*

Address*

Phone Number*

Provide one copy of this agreement to the university volunteer.
Retain this agreement for three years from the end of service.