



## Volunteer Identification and Agreement Form

### Volunteer Information

Full Name: *First* *M.I.* *Last* Date of Birth: \_\_\_\_\_

Address: *Street Address* *Apartment/Unit #*

*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Emergency Contact Information

Full Name: *First* *Last* Phone: \_\_\_\_\_

### Appointment and Campus Information

Supervisor: *First* *Last*

Department: \_\_\_\_\_

Dates: *Start Date* *End Date*

### Volunteer Duties

Type a description of duties here...

Please confirm 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 GFCMSU and that it has the right to terminate my assignment as a volunteer without cause or notice.
- 2) I understand that GFCMSU 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 understand that I must complete a background check in accordance with College policy prior to beginning my volunteer assignment.
- 4) I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.

College Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for volunteering at Great Falls College Montana State University!