

# Rollins College

## VOLUNTEER AGREEMENT

The students, faculty, and staff of Rollins College appreciate your generosity in offering your time and talent to advance Rollins mission.

The purpose of this Agreement is to provide you, the volunteer, with a clear understanding of the purpose and scope of your activities at Rollins College. We believe it will be helpful to provide you with information about some important College policies which are applicable to volunteers, and to obtain your agreement to abide by these policies.

For purposes of this agreement, a “volunteer” is a person who provides regular services throughout the year without compensation but who is not a student, an employee in another sector of the College, or a member of the Board of Trustees.

1. As a volunteer, you agree to comport yourself at Rollins in a manner consistent with the values and mission of the College. As a volunteer, you agree also to be subject to any ethical codes or similar standards of conduct applicable to the division of the College in which you are providing volunteer services and Rollins College.
2. If your volunteer position requires that you be given keys, a Rollins identification card, or other College property, you agree that you will return such property at the conclusion of your service or at any time upon the request of the department director or other Rollins representative.
3. As a volunteer, you are free to discontinue your volunteer activities at any time. You do not have an employment relationship with the College. Consequently, you are under no obligation to provide any services to the College. You will receive no wages, salary or other compensation and are not eligible for any College benefits, including but not limited to vacation, sick leave, retirement, tuition benefits, disability or workers' compensation insurance, health insurance or unemployment insurance.
4. As a volunteer, you are not authorized to act in any way on behalf of the College in business matters, including purchasing property, signing contracts, leases or other agreements, hiring or supervising employees or otherwise attempting to bind the College to any agreement. You do not have any authority to speak publicly on behalf of the College.
5. The College reserves the right to terminate volunteer relationships at any time without cause and at its sole discretion.
6. All members of the College community, including volunteers, are subject to all College policies, including those related to safety and security, sexual harassment and sexual assault, drug and alcohol abuse, nondiscrimination, and equal opportunity. Copies of these policies are available on the Rollins website <https://rpublic.rollins.edu/sites/IR/SitePages/Policies.aspx> or from the Office of Human Resources website. <http://www.rollins.edu/human-resources/resources/policies.html> . Please also familiarize yourself with any other policies of the

department in which you will be volunteering, such as policies on confidentiality of records, conflict of interest, etc.. All Volunteers are required to sign a consent form authorizing the College to conduct a criminal background check and the returned report must be clear in order to be approved for volunteering at Rollins.

7. You may be asked to participate in a brief orientation in the department you are working for and should direct any questions about the College or the department to the department director. Questions or complaints about discrimination or concerns regarding the violation of any University policy should be directed to the Director of Human Resources or the Title IX Coordinator.

8. You agree to assume the risk of any injury or harm that may result from your volunteer service to the College, and agree to release Rollins College or any of its Trustees, officers, agents, or employees from any and all liability for injury, illness, death, or property damage resulting from your volunteer service. You acknowledge that Rollins College does not carry or maintain health, medical, or disability insurance coverage for volunteers and that each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

9. The College has in place a General Liability policy that provides third party liability insurance for its volunteer workers from Bodily Injury or Property Damage claims filed against you that are directly related to the authorized duties you perform as a volunteer. In exchange, you agree, on behalf of yourself, your heirs, and your representatives to hereby release, indemnify, and hold harmless Rollins College or any of its Trustees, officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or related to your volunteer activities.

Again, please know of the appreciation of all of us at Rollins College for your generosity and your support.

By signing this form you acknowledge that you are *eighteen years of age or older*, and that you have read this Agreement, that you understand its terms, and that you agree to abide by them as a condition of your volunteer service at Rollins College.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Department Volunteering In: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent (if under 18 years of age)

\_\_\_\_\_  
Date

Rollins College  
Risk Management  
VOLUNTEER REGISTRATION FORM

This portion of the form to be filled out by the Volunteer:

Last Name: _____	First Name: _____
Middle Name: _____	Email Address: _____
Preferred First Name: _____	
Gender: <input type="radio"/> Female <input type="radio"/> Male	

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Do you have health insurance? Yes \_\_\_ No \_\_\_ if yes, please provide the following optional information: \_\_\_\_\_

Medical Insurance Carrier: (Optional) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Contact Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: Type:  Business  Permanent  Other \_\_\_\_\_ Relationship \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Ext: \_\_\_\_\_

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Volunteer's Signature

Date

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This portion of the form is to be filled out by the Supervisor and Department Head:

Department Head Name	Title	Email Address
Department	Telephone Number	Begin and End Dates

Description of Volunteer Duties:

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Department Head Signature

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Date

Please submit this form to Human Resources/Risk Management Department by Campus Mail Box 2718.

Last Updated: September 2018