



Volunteer Application & Agreement

Completion of this form is required by all volunteers on an annual basis. Please print the information in this section of the form.

Volunteer (Full Legal Name): _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Cellular Phone: _____

Email Address: _____ Employee ID: _____

Birth Date: _____ Marital Status: _____ Gender: _____ SSN: _____

Ethnicity: _____ Race: _____ Citizenship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Volunteer Department: _____ Supervisor: _____

Starting Date of Volunteer Relationship: _____ End Date: _____

Brief Description of Volunteer Duties: _____

As a Volunteer, I acknowledge and agree that I am not an employee of University of Mount Union (University). I understand that the University will not pay any compensation or provide me any benefits. I also understand that I am not covered by University Workers Compensation or Unemployment policies. In the event that I am injured during my volunteer services, I agree to use my own medical insurance and to hold the University harmless for any claims or judgments for my injuries, which occurred as part of my volunteer services. I agree to participate in a background screen and a drug/alcohol screen if required and requested by the University. I agree to maintain a safe work environment and to comply with all University policies and procedures as well as all federal, State and Local laws. I agree that both the University and I have the right to end my Volunteer relationship at any time and for any reason.

I have read and understand the terms of this agreement:

/S/ Volunteer

Date

/S/ Supervisor

Date



Motor Vehicle Record (MVR)/Background Check Request

Completion of this form is required by all requesting an MVR **prior** to driving a University owned vehicle. Approvals to drive University vehicles are based on criteria set by the University's liability insurance carrier and requires applicants to annually complete the MVR. Faculty, staff, and students **will not be permitted** to reserve a vehicle if proper approval has not been obtained. **Drivers must report all accidents, moving violations and license suspensions to their supervisor & Human Resources immediately.**

The supervisor must indicate below the type of service requested for the employee or student.

MVR only \$16.00 avg Background only \$44.00 avg Background & MVR \$54.00 avg

FULL 15 Dept. Acct #	Supervisor Signature	Date
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Department & Printed Supervisor Name requesting the MVR/Background: _____

(Employee/Student Full Legal Name): _____

Address: _____
Street #/City/State/Zip Code (as it appears on driver's license)

Phone Number: _____ Cellular phone: _____

Email Address: _____

Brief description of purpose for the request: _____

Driving Privileges Criterion:

Any of the following violations will render an Applicant ineligible for driving privileges:

- A. The absence of a state driver's license or acurrently suspended or revoked state driver's license
- B. One (1) serious violation during the past five (5) years from screening registration date. Serious violations are:
 - Reckless, careless, or negligent driving
 - driving while impaired by or under the influence of alcohol or drugs
 - homicide, negligent homicide, or involuntary manslaughter by vehicle
 - fleeing or attempting to elude police officers
 - driving while license or registration that is suspended or revoked
 - hit and run or failure to stop after an accident
 - evading responsibility after an accident
 - major speeding (20 or more mph over limit)
 - Any felony or misdemeanor traffic offense not include above
- C. Two or more "AT Fault" accidents and/or moving traffic violations of during the past one (1) year from screening registration, or three (3) or more "AT Fault" accidents and/or moving traffic violations of during the past three (3) years from screening registration.
 - Driving without a license will be considered a moving violation.
 - A "No Fault" accident will not be considered criterion.
 - If an accident is reported without an "AT Fault" designation, but the registrant was charged with a moving violation at the same time, the accident will be considered "AT Fault". The accident and moving violation will be considered one moving violation.
 - If multiple moving violation with the same date are reported, but no accident occurred, those multiple moving violations will be considered separate moving violations.



Motor Vehicle Records (MVR) Protocol

Vehicle operations can create substantial risk for the University. A best practice for reducing vehicle risk is to ensure that only drivers with safe driving records are permitted to operate vehicles on university business.

The following constitutes our MVR protocol:

- All drivers must have a valid driver's license with the proper class and appropriate endorsements for the vehicles they are operating.
- Drivers must not drive if their license has been suspended or revoked.
- **Drivers must report all accidents, moving violations and license suspensions to their supervisor & Human Resources immediately.**

Prospective faculty and staff will be required to report all accidents and moving violations during the applicant screening process. MVRs will be obtained on new drivers at the time of employment or when existing faculty and staff transition into a driving position. MVRs will be obtained annually thereafter. The University has the right to determine the acceptability of a driver's MVR. Prospective employees must have an MVR that meets University qualifications to drive in order to be hired for positions requiring driving. The University may restrict the driving privileges of individuals with BORDERLINE MVR records or require drivers to receive additional training or monitoring. Drivers with an MVR that does not meet University qualifications to drive will be suspended from driving on University business.

BY SIGNING THIS AUTHORIZATION, I HEREBY ACKNOWLEDGE THAT I FULLY UNDERSTAND ITS CONTENT AND THAT I AUTHORIZE THE INVESTIGATION OF MY MOTOR VEHICLE RECORD AND/OR BACKGROUND CHECK AND THE RELEASE OF APPROPRIATE INFORMATION AND REPORTS TO THE UNIVERSITY OR SPONSORING PARTY. THIS AGREEMENT, STIPULATION AND RELEASE ARE LEGALLY BINDING. IF YOU DO NOT COMPLETELY UNDERSTAND THE ABOVE, DO NOT SIGN AND SEEK COMPETENT ADVICE, SUCH AS THAT RENDERED BY AN ATTORNEY.

A copy of this document shall be construed as the original.

I have read and understand the terms of this agreement:

Employee/Student Signature

Date

**Beginning July 1, 2016, costs incurred for MVR's and background checks will be billed to the requesting department. Departments will be billed for actual expenses incurred.*



ACKNOWLEDGEMENT OF POLICIES OF THE UNIVERSITY OF MOUNT UNION

I acknowledge that I have received a copy of the following policies of the University of Mount Union:

- Title IX
- FERPA
- Acts of Intolerance and Harassment
- Safety Policy
- Business Conduct and Ethics
- Confidentiality
- Illegal Acts Disclosure
- Tobacco-Free Campus
- Travel Policies (if applicable)

I acknowledge and agree that I have an obligation to read, understand and fully comply with these and other policies of the University of Mount Union anytime I am on campus or volunteering services for the institution or its students.

Signature

Date