



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**): _____ Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Cellular phone: _____

Email Address: _____

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