**McNEESE STATE UNIVERSITY VOLUNTEER AGREEMENT AND IDENTIFICATION FORM**

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| **Volunteer Name:** |  |
| **Home Street Address:** |  |
| **City, State, Zip:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Emergency Contact Phone Number:** |  |
| **Driver’s License Number:** |  |

**FOR SUPERVISOR:**

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| **Supervisor Name:** |  |
| **Campus Department:** |  |
| **Length of Agreement: (not to exceed 1 year** |  |
| **Driving required: Y or N** |  |
| **Description of Volunteer Services:** |
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**TERMS OF AGREEMENT AND RELEASE:**

1. I agree that my participation in the above activities is without compensation.
2. I agree and give consent for McNeese to initiate a criminal background history search through email provided above. I agree to initiate the background check process within 24 hours of receipt.
3. I understand that I do not have a formal work appointment for those particular services.
4. I understand that McNeese does not provide Volunteers with any employee type benefits, including worker’s compensation coverage.
5. I agree to abide by all McNeese State University policies, as they have been explained to me by my supervisor, regarding my responsibilities while volunteering my services.
6. I understand that if I drive my personal vehicle while performing Volunteer services for the University, and I have an accident, my personal vehicle insurance coverage will be the primary coverage.
7. I understand that McNeese shall have the right to release me as a University Volunteer at its sole discretion at any time and without prior notice.
8. I, on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless the State of Louisiana, McNeese State University or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or is related to my volunteer activities.
9. I am aware of the terms and conditions of this agreement, and I am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older, and I am able to perform the above-described volunteer services with or without reasonable accommodation.
10. I understand the terms and conditions of this agreement are valid for the duration of my volunteer status as so determined by McNeese State University not to exceed on year in length. This agreement may be modified by McNeese State University as it deems necessary.

Please affirm your acceptance of the terms of this agreement stated above with your signature, and please accept our sincere thanks for your valuable contribution to McNeese State University.

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Volunteer Signature Date

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Supervisor Signature Date

RETURN FORM TO HUMAN RESOURCES AT HUMANRESOURCES@MCNEESE.EDU

NOTE: IF DRIVING IS REQUIRED, HUMAN RESOURCES WILL CONTACT THE VOLUNTEER VIA EMAIL