

# THE UNIVERSITY OF LOUISIANA AT LAFAYETTE

## VOLUNTEER AGREEMENT

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The University of Louisiana at Lafayette thanks you for volunteering your services to our campus. Your services support our mission to providing students with an educational environment that nurtures their learning. Please affirm your understanding and acceptance of the terms of this agreement, stated below, with your signature.

1. I am volunteering my services to the University of Louisiana at Lafayette to support the activities of the University. The volunteer position is described in the attached Description of Volunteer Duties.
2. I understand and agree that, as a volunteer, I am not an employee of the University of Louisiana at Lafayette. Therefore, I understand and agree that I will not receive compensation, payment, benefits, or other valuable consideration for the services provided as a volunteer under this Agreement.
3. I understand that the University of Louisiana at Lafayette does not provide me with accident or medical insurance and is not responsible for any accidents 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 voluntary affiliation.
4. I understand that I may stop providing volunteer services at any time, for any reason, with or without advance notice, and with no detrimental consequences. I further understand that University of Louisiana at Lafayette has the discretion to select volunteers and may end the volunteer relationship at any time, for any reason, with or without advance notice.
5. I agree that while I am not an employee of University of Louisiana at Lafayette, I may be asked to complete a criminal background check, drug screen and/or driving record check in order to volunteer for the University.
6. I, on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless the State of Louisiana, the University of Louisiana at Lafayette 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.
7. I acknowledge that while serving as a volunteer, I may be provided with or have access to confidential information and/or proprietary information of the University. Such information may include, but is not limited to, research data, results, reports, analyses, student and student-related information, methods of operation, trade secrets, training materials, policies, protocols, and procedures (administrative, research, and clinical), budgeting, staffing needs, databases, marketing information, equipment capabilities, fee schedules, and proprietary, business, financial and other information connected with or related to the University that is not generally known to the public (collectively, "Confidential Information"). I agree that I will take all necessary steps to protect any Confidential Information that I may receive. I agree that I will not permit the unauthorized access, use, or disclosure of any Confidential Information to any third party except as required by applicable law. This provision shall survive the termination or expiration of this Agreement.
8. I understand that, at all times, I must abide by University of Louisiana at Lafayette policies, external regulations, and laws that govern my actions, including but not limited to those regarding ethical behavior, confidentiality (including the requirements of the FERPA), non-discrimination (including sexual assault/harassment), financial responsibility, motor vehicle operation, and drug and alcohol use.

By signing below, I acknowledge that I have read this Agreement, understand the terms it contains, and that I agree to abide by them as a condition of my volunteer service at University of Louisiana at Lafayette.

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Volunteer's Signature	Supervisor Name/Signature	Date	
Print Volunteer's Name	Date	Human Resources Approving Signature	Date

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CC: Human Resources Office

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## DESCRIPTION OF VOLUNTEER DUTIES

Name of Volunteer:

Email address of Volunteer:

Volunteer Position:

Period of Volunteer Services:      From                              To

Volunteer Services to Be Provided:

Department(s) for Which Volunteer Services Will Be Provided:

Specific location(s) at Which Volunteer Services Will Be Provided:

University of Louisiana at Lafayette Supervisor(s) to Whom Volunteer Will Report: