

# THE UNIVERSITY OF LOUISIANA AT LAFAYETTE

## VOLUNTEER AGREEMENT

The University of Louisiana at Lafayette ("University") 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 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. 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 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 the University 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 the University, 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 acknowledge that my participation in volunteer activities may expose me to actions, events, and environments that may be hazardous to my person and/or property.
7. I acknowledge that I am solely responsible for any actions I participate in associated with these volunteer activities or occurring before, during, or after my service as a volunteer.
8. I agree to indemnify and hold the University, the State of Louisiana, the Louisiana Board of Regents, the University of Louisiana System, and each of their respective employees, directors, officers, members, student workers, student interns, volunteers, representatives, institutions, departments, and agents (collectively referred to as "Indemnified Parties") harmless with respect to any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death, or loss of personal property resulting from, in whole or in part, my participation in these volunteer activities or the use of any facility, equipment, and/or programs of the University.
9. I recognize and acknowledge that Indemnified Parties make no guarantees, warranties, representations, or other promises regarding these volunteer activities and assume no liability or responsibility for injury or property damage that I may sustain as a result of my participation.
10. I further understand and agree that this Volunteer Agreement is intended to be as broad and inclusive as permitted by Louisiana law. If any portion of this Agreement is held invalid, I agree that the remaining provisions shall continue in full force and effect.
11. By signing below, I voluntarily agree to assume all risks and accept sole responsibility for any injury, including but not limited to personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in connection with my volunteer activities.
12. I release, waive, discharge, and covenant not to sue Indemnified Parties from all liability to myself and my heirs, administrators, legal representatives, and assigns for any loss or damage, and any claim or demands on account of property damage, injury, illness, or death, whether caused by the negligence, active or passive, of Indemnified Parties or otherwise, while participating in these volunteer activities or using any facility, equipment, and/or programs of the University.
13. 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.
14. If my volunteer services involve research, I will contact [ovpried@louisiana.edu](mailto:ovpried@louisiana.edu) in order to also enter into a Visiting Researcher Relationship Agreement.
15. I understand that, at all times, I must abide by University policies, external regulations, and laws that govern my actions, including but not limited to those regarding ethical behavior, confidentiality (including

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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.

### **VOLUNTEER**

By: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **UNIVERSITY**

By: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources Approving Signature:

By: \_\_\_\_\_

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

Date: \_\_\_\_\_

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## DESCRIPTION OF VOLUNTEER DUTIES

Name 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:

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