

## **VOLUNTEER SERVICES AGREEMENT INFORMATION FOR VOLUNTEERS**

The University of Central Florida greatly appreciates your interest in and willingness to volunteer your services to the university. Before you can volunteer at UCF, the appropriate department or unit head must approve your volunteer assignment. If you are under the age of 18, we must also have the written approval of your parent or guardian.

A volunteer provides services without compensation. A volunteer either does not have an employment relationship with UCF or, if a UCF employee is the volunteer, he/she is volunteering for UCF outside the course and scope of the volunteer's UCF employment. A volunteer receives no wages, salary, or other compensation for the volunteer services. A volunteer will not receive reimbursement for expenses unless it is specifically agreed to by the appropriate department or unit head, and even then only subject to university procedures. A volunteer is not eligible for UCF employment benefits, including annual leave, sick leave, retirement benefits, tuition benefits, health insurance, disability insurance, or unemployment insurance.

A registered volunteer is covered under UCF's workers compensation insurance in the event of a job-related illness or injury. Any job-related illness or injury must be reported to UCF. For information regarding workers compensation coverage and reporting requirements, please see [http://hr.ucf.edu/web/loa\\_wc/workcomp.shtml](http://hr.ucf.edu/web/loa_wc/workcomp.shtml). Similarly, a registered volunteer is covered by UCF's general liability protection for claims arising from negligent acts or omissions within the course and scope of the registered volunteer's assignment. You must immediately notify your supervisor if a claim is made against you that you believe arises from your volunteer services for UCF.

A volunteer who will be asked to drive, to transport passengers, or to have contact with minors must provide satisfactory evidence of personal responsibility and suitability for the task. The nature and extent of the required background evidence will be determined on the basis of the intended volunteer services assignment.

As a volunteer, you will not be authorized to act on behalf of UCF in business matters, such as purchasing, contracts, or contact with media.

As a member of the UCF community, you will be subject to UCF policies on safety and security; non-discrimination, including sexual harassment; equal opportunity; drug and alcohol abuse; intellectual property; confidentiality of records; conflict of interest; etc. You should familiarize yourself with these policies, as well as any departmental policies applicable to you.

A volunteer whose assignment is to provide services that take a tangible form, such as performance or creation or research, must agree that the results of those services will become intellectual property owned by UCF, as if under a work for hire agreement, unless there is a specific written agreement otherwise.

A volunteer may terminate volunteer services at any time. Similarly, UCF may terminate the services of a volunteer at any time.

## VOLUNTEER SERVICES AGREEMENT

Place of Volunteer Assignment: \_\_\_\_\_  
(Name of Department/Location)

Name of Volunteer (printed): \_\_\_\_\_ E-mail: \_\_\_\_\_

Date(s) of Volunteer Services: \_\_\_\_\_ through \_\_\_\_\_.  
(start date or single date of service) (provide end date, if known)

Expected hours: \_\_\_\_\_ (select one: \_\_\_\_\_ total anticipated hours \_\_\_\_\_ weekly hours)

Name of Primary Supervisor: \_\_\_\_\_

Location and Description of Volunteer Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this document, I agree to the following:

1. Volunteer services are entirely voluntary. I have not been pressured or unduly influenced to provide services without compensation, but rather do so of my own free will.
2. The services that I provide as a volunteer, and any product or creation that arises from them, are donated to the University of Central Florida without reservation of rights of any kind.
3. I will not be paid for my services. I understand that should I incur expenses in the course of these services, I will only be reimbursed for those expenses if my department approves and if they comply with University policies and procedures.
4. I will follow the supervision and direction of any UCF personnel or employee to whom I have been assigned to perform volunteer services. While some of my duties may require me to perform independently, all my duties are subject to the ultimate supervision and direction of the department in which I am volunteering.
5. UCF is not responsible for damage to my personal property while I am at UCF and while I am performing volunteer services. I should keep valuables at home and exercise reasonable care while at UCF to protect myself from loss or harm.
6. **While a volunteer at UCF, I am subject to UCF policies and procedures and I agree to follow those policies and procedures. Volunteers and visiting scholars working with chemical, biological, radiation hazards require additional training. Please register for Laboratory Safety and/or Biological Safety, and/or Radiation training by visiting [www.ehs.ucf.edu](http://www.ehs.ucf.edu) for upcoming dates and times of training. Online training will take 3-5 days to process your guest ID request. Completion of the safety training is required prior to working. To prevent further delay, please complete the form <http://teach.ucf.edu/forms/guest/>. If you need assistance with registration, please call 407-823- 1470.**
7. In the event that I believe I am a victim of discrimination, harassment, or retaliation of any kind, I will report such conduct to my primary supervisor, to my department head/dean, to Human Resources, or to the Equal Opportunity Office promptly. Further, I will cooperate in any investigation of such conduct or any other type of alleged misconduct.

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

Supervisor: \_\_\_\_\_

*A copy of the Volunteer Services Agreement, including Personal Information Form, must be provided to Environmental Health and Safety at email [ehs@ucf.edu](mailto:ehs@ucf.edu) or Fax 407-823-0146*

*If Volunteer is under the age of 18, parent or guardian must sign consent form.*

**VOLUNTEER SERVICES AGREEMENT  
PERSONAL INFORMATION FORM**

This information is to be kept on file with the supervising department.

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Volunteer is a citizen or Permanent Resident of the United States (check one): \_\_\_\_\_ YES \_\_\_\_\_ NO

If Volunteer is **NOT** a US citizen or Permanent Resident, please complete below:

Nation of Citizenship (if multiple please include all): \_\_\_\_\_

US Visa Permit Type: \_\_\_\_\_

Volunteer is 18 year of age or older (check one): \_\_\_\_\_ YES \_\_\_\_\_ NO

If Volunteer is not 18 or older, consent of parent/guardian is required.

Please use Volunteer Services Agreement Consent Form for Volunteer Under the Age of 18.

**EMERGENCY CONTACT INFORMATION:**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relation to Volunteer: \_\_\_\_\_

**VOLUNTEER SERVICES AGREEMENT  
CONSENT FORM FOR VOLUNTEER UNDER THE AGE OF 18**

Name of Volunteer (printed): \_\_\_\_\_

Name of Parent/Guardian (printed): \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, who wishes to provide volunteer services to the University of Central Florida. I have read the Information for Volunteers and the Volunteer Services Agreement. I give my consent to allow my child to provide volunteer services to UCF.

Signature of Parent/Guardian: \_\_\_\_\_

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

Witness Name (printed): \_\_\_\_\_

Signature of Witness: \_\_\_\_\_