

Volunteer Terms of Service



Section I: Volunteer Info	rmation				
Volunteer Information	Name:				
	Address:				
	Phono:	Email			
Parent/Guardian	Phone: Email:				
(if Volunteer is under 18)	Name of Parent/Guardian: Phone:	Email:			
	Age of Volunteer:	LIIIaII.			
Medical Insurance		Policy	4.		
ivieuicai ilisuralice	Company: Policy #: Effective Dates:				
Emergency Contact	Name:				
	Relationship:				
	Phone: Email:				
Citizenship		Lillali.			
Citizensinp	☐ U.S. Citizen or ☐ Permanent Resident	Count	ny of Citizenshin:		
	☐ Foreign National	Country of Citizenship: Visa Category:			
		Effective Dates:			
Section II: Description of					
UVA Department	Department/Division:				
Volunteer Service	Start Date:	End D	nd Date:		
Duration	Number of hours per week:				
Description of Duties					
(Activities, Physical					
Requirements, etc.)					
General Training					
(e.g. Basic Safety, HIPAA,					
Minors, Motorized Tools)					
Personal Protective Equipment	☐ Eye Protection (e.g. safety glasses)		nd Protection (e.g. disposable gloves)		
(Provided with training)	☐ Body Protection (e.g. laboratory coat) ☐ Respiratory Protection (e.g. respirator)		ring Protection (e.g. ear plugs)		
7	Encaphatory Protection (e.g. respirator)				
COMPLETE table below OI	NLY if volunteer will be working with Hazard	ous Mat	terials and/or Equipment		
Hazardous Materials &	During the normal course of the engagement, the volunteer may encounter the following potential				
Equipment	hazards: Animal, Biological, Chemical, Laser,	. Physica	l, Radiological, Equipment, Environmental, Others		
Description of Hazard (Human cell lines, flammable	Procedures to be Performed		Consequences of Exposure (injury or illness)		
solvent, Laser, 3D printer, etc.)					

Section III: Volunteer Acknowledgement

As an authorized volunteer, I understand and agree to abide by the following terms:

- I acknowledge that I have voluntarily elected to participate as a volunteer for the University of Virginia and agree to comply with all applicable University policies and procedures as well as all the rules, directions, requirements and training as outlined by my Sponsoring Manager.
- I understand that I am serving as a volunteer and not as an employee of the University and agree that as a volunteer, I am not entitled to receive any monetary compensation or any other employee benefits for my service.
- I acknowledge that my volunteer engagement does not constitute a guarantee or promise of future employment and does not entitle me to greater consideration for any future employment opportunities.
- I consent to a background and driving record check (as applicable). I will disclose any criminal convictions to my Sponsoring Manager within five calendar days of the conviction. If my activities include driving a vehicle on University business, I will disclose any moving vehicle violations within five calendar days of occurrence.
- I will disclose any potential or actual conflicts of interest to my Sponsoring Manager (i.e. any circumstances that would impair my ability to perform my volunteer services in a fair and impartial manner) and will not use my volunteer role to compete with the University in any way.
- I understand the terms of the volunteer engagement including the dangers, hazards, and risks inherent in the volunteer activities, including but not limited to transportation via private vehicle, participation in manual labor, physical exertion, weather conditions, conditions of equipment, facility conditions, negligent first aid operations or procedures, and in any activities I undertake as a volunteer. It is my responsibility to participate only in those activities of which I am physically capable and understand that I may decline to do any activity at any time. I understand that I could sustain serious personal injuries, including death, and/or property damage as a result of my participation in the volunteer engagement.
- I acknowledge that in my capacity as a Volunteer, I am not covered by or entitled to insurance programs of the University of Virginia or Commonwealth of Virginia, such as worker's compensation or employee health insurance, and that the University provides no liability or physical damage insurance coverage for privately owned vehicles even when utilized for University business.
- I confirm that I am covered by a health insurance plan, which will remain in effect for the duration of my volunteer engagement. I will be responsible for payment of all medical care. I have and will carry proof of insurance and emergency contact information with me at all times.
- I agree that I may be provided or may have access to information, records, or other material which may contain sensitive, confidential, or proprietary information of the University, its students, employees, or third parties. I agree not to disclose, discuss, or reveal any such information to parties outside of the authorized individuals at the University and will not duplicate, disseminate, or remove any such records or files from the University without permission from my Sponsoring Manager. All sensitive, confidential, or proprietary materials in my possession will be returned to my Sponsoring Manager (or, if instructed by my Sponsoring Manager, deleted) prior to the termination of my volunteer engagement.
- I agree that any creative works or inventions created by me while performing the volunteer duties outlined shall be the sole and exclusive property of the University. Therefore, in consideration of and as a condition of the volunteer opportunity offered to me by the University, I irrevocably assign to the University the entire right, title, and interest in and to any and all ideas, methods, inventions, software, documentation, utilities, tools, devices, improvements, and any and all deliverables and work product, whether or not copyrightable or patentable, originating with, conceived, invented, acquired or developed, either solely or jointly with others, in connection with my volunteer services. I further consent to the unrestricted use by the University, its agents, and others working under its authority, of any photographic portraits, pictures, video footage and/or audio recordings capturing my likeness in connection with my participation as a volunteer.
- I acknowledge that the University has the right to terminate my engagement as a volunteer at any time for any reason, at the sole discretion of the University, including situations where my conduct may be detrimental to the best interests of the University.
- I agree to return any keys, ID badges or other University property by the last day of the volunteer engagement.

My signature constitutes acceptance of the Terms of Service and Consent.

Volunteer			
	Name	Signature	Date
Parent/Guardian			
(if volunteer is under 18)	Name	Signature	Date
Sponsoring Manager			
	Name	Signature	Date