

Volunteer Acknowledgement, Agreement and Liability Waiver- Integrative Health Dept

For value received, and upon signing and submitting this Volunteer Acknowledgement and Waiver, I confirm that I wish to participate at Stetson University, Inc. (“the University”) as a volunteer in contribution to the University’s goal of providing various educational opportunities and services to the students of the University. I confirm and acknowledge that my services are voluntarily offered and are rendered as a University non-compensated volunteer to assist with the general activities and programs associated with the University. I understand that the term of this agreement is applicable during the Semester designated below.

Stetson Dept Using Volunteer Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept Supervisor, VP or Dean Requesting Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Semester of Volunteer Services: (check one): \_\_\_Spring \_\_\_Summer \_\_\_Fall in Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Campus Benefits:**

Your status as a University Volunteer will entitle you to:

* A temporary University identification card;\*
* Access to the Hollis Center, Library & Cafeteria\*
* Reasonable use of the following Dept related equipment and materials\*(if applicable- Dept to specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\* Subject to revocation or cancellation at the sole discretion of the University)

I agree to abide by Stetson University policies and procedures, as well as all state, federal, and local laws. I understand that no weapons of any kind, alcohol or illegal drugs are allowed on the campus. I also understand that since my services at Stetson University are voluntary, either the University or I may terminate them at any time, with or without cause.

**Risk Acknowledgement:**

**I acknowledge that my volunteer participation will involve working in the Medicinal Garden and could involve risk of bodily injury, property damage/loss, or other risks associated with the above activities, such as, but not limited to;** injuries associated with possible gardening tool use; exposure to various plants & soil; exposure to outdoors & wildlife; exposure to sun/heat, insects; bees/wasps, snakes ants, spiders, etc; possible repeated bending, lifting, stooping, reaching, walking, etc;

**Injuries from these activities could include but not limited to**: sprains/strains, lacerations, contusions, eye injuries, back/neck injuries, trip and falls, fractures, sunburn, heat exhaustion, insect/snake bites or stings, blisters, infections, allergic reactions, rashes, or even death.

**Hazards & Safety Precautions**: I have been given, and understand the hazards and safety precautions associated with these activities. I understand it is my responsibility to contact someone in the Integrative Health Dept regarding any questions I may have with any duties or material/plant/equipment handling. **It is the responsibility of each volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time.**

**Insurance:**

I understand that my services and participation are rendered as a volunteer in a non-employee capacity, therefore employee benefits such as health insurance cannot be offered, and workers compensation is not applicable. I acknowledge that any accident insurance coverage that the University may carry applicable to volunteers would be secondary and excess to all other applicable insurance policies, including, but not limited to any health care and auto insurance coverages I may have. I acknowledge that I am responsible for obtaining and sustaining my own health and auto insurance coverages. In addition, I understand that Campus Health Services and the Campus Student Insurance plan are only available to active, eligible students.

**Background Screens:** (Must be completed and approved prior to start of any Volunteer services)

* I acknowledge that the University will conduct the same standard background investigation for volunteers as is conducted for all individuals that may have direct contact with students, and/or access to confidential information or key areas. I therefore authorize the University to conduct a background screen upon completion of the attached background information release form. The Supervising department will be assessed the background fees via Human Resources.
* I understand that if driving may be part of my assigned services as a volunteer, such as transporting students or university equipment, Stetson University requires that I must maintain an acceptable driving record and valid Florida driver’s license, and I will agree to show proof of both upon signing this document. I therefore authorize the University to access my driving record should my volunteer services warrant it. If I agree to use my personal vehicle in the course of my volunteer services, I understand that my auto insurance is always primary. I also understand that the designated Department above shall complete a vehicle safety inspection form if my personal vehicle will be used for university related services and will assist them in doing so.
* **Will Volunteer’s *assigned services* include Driving?\*:** (ie. transporting people, equip, materials, etc) Yes\_\_\_\_\_ No\_\_\_\_\_\_
* Indicate all that apply to duties: Rental vehicle:\_\_\_\_\_\_ University Vehicle:\_\_\_\_\_\_ Personal Vehicle\*:\_\_\_\_\_\_\_

\*do not check if just used to get to campus for volunteer work

**Emergency Medical Treatment:**

Should I become injured or ill during my Volunteer activities, I hereby grant Stetson University full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and release the University and their related staff, representatives or host organizations from liability for such decisions.

Confidentiality:

I acknowledge, that during my voluntary services or participation, I might have access to, or be exposed to confidential

information of Stetson University which may include, but not limited to; social security numbers, addresses,

telephone numbers, files, correspondence, health or personal information, as well as conversations, electronic records,

emails, data bases and recordings. I acknowledge that disclosure of such information could cause irreparable harm or

damage to Stetson University, its employees and/or students. I therefore agree that I shall keep confidential and not disclose

any information acquired from Stetson University, its staff, students, agents, or representatives in connection with this

agreement, services, or participation. I acknowledge and agree that my obligation to maintain confidentiality does not expire

and remains in effect even after my agreement for services has expired.

**Liability Waiver and Indemnification:**

Furthermore, in consideration of the opportunity afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; Stetson University, Inc., its faculty, staff, trustees, officers, representatives, agents, and host organizations from all form and manner of risks inherent or relating to such activities, and I waive all claims and demands of any nature arising from my volunteer participation, campus access and related travel. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement.

I hereby acknowledge that I have had the opportunity to review this form and have it reviewed by legal counsel if necessary. I understand the foregoing and hereby agree to be bound by same.

Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Legal Name of Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

Volunteer Phone Contacts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Emergency Contact Info:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background Check Completed & Approved\_\_\_\_\_\_ MVR Completed \_\_\_\_\_ (if applicable)

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Betty Whiteman, Director of Human Resources / Stetson University (Rev. 4/13)

AUTHORIZATION FOR RELEASE OF INFORMATION

Stetson University, Inc. (“Stetson” or “the University”) is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment, volunteer services or contract services with the University depends solely upon your qualifications.

You are a candidate for employment, contracted, or voluntary services at Stetson University. As a standard procedure for all individuals applying for employment, contract or voluntary work that involves direct contact with students, the University conducts appropriate background screening, including a review of a candidate’s driving record (if driving as part of your duties or services is required). As a candidate for such employment, contracted or voluntary work, we request that you complete and sign this Authorization For Release of Information Form. The form must be fully completed for the University to further consider you for employment and/or contracted or voluntary services. This information is considered confidential and will be treated as such.

Applicant/Candidate Name Social Security No.

Date of Birth Driver’s License No. \_\_\_\_\_\_

State and County of Issue

Current Home Address:

How long at this address:\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address (if at current address less than 3 years):

Maiden/Alias Name(s) used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date last used:\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) Applied For

1. In order to permit a check of your work, background and educational records, should we be aware of any changes of name or assumed name that you have previously used? Yes No. If Yes, identify names and relevant dates.

1. Have you ever been convicted or found guilty of violating any federal, state or municipal law, other than a minor traffic violation? In answering this question, you are to consider all matters, regardless of whether adjudication was withheld or whether a nolo contendere plea was entered. Yes No. If Yes, give dates and explain. (Attach separate paper if necessary). Convictions will not necessarily disqualify you from employment, or volunteer/contracted services.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Candidate/Applicant’s Statement\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I certify that the information presented in my employment application with Stetson, and the statements attested to on this form, are true and complete to the best of my knowledge. I hereby authorize a background search to be done, to include my driving record if applicable; and authorize the investigation of all matters pertaining to any application for employment with Stetson that I have submitted, and thereby give Stetson permission to contact schools, previous employers, references, and others, and hereby release Stetson from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information in my application for employment or this form may remove me from further consideration for employment and contracted or volunteer services. In addition, if employed, any misrepresentations or omissions of facts called for in applying for employment will be cause for dismissal at any time without any previous notice.

I understand that upon employment, I am required to provide documentation verifying my identity and my legal right to work in the U.S..

Signature Date