



DIXIE STATE UNIVERSITY (DSU) AGREEMENT FOR VOLUNTARY SERVICES

SECTION ONE

(To be completed by volunteer)

Full Legal Name _____

Contact Address _____

Full Street Address

City

State

Zip

Email Address

Cell phone

Alternate telephone

Volunteer Position & Description Applying For: _____

Valid driver's license number (if applicable): _____

In case of emergency, call: _____ Telephone # _____

Medical Insurance: _____ Doctor: _____

1. I have reviewed the description of work to be performed and amount of time required (see attached Volunteer Job Description).
2. I agree that all of the work that I perform under this agreement will be non-compensable; except for pre-approved compensation for actual expenses.
3. I give my permission and free use of my name, voice and picture in any media coverage of my volunteer service.
4. I understand that, if I am injured or involved in an accident while providing volunteer services to the University, the Worker's Compensation carrier for University will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance. I further agree to indemnify and hold harmless DSU and its agents and employees from further personal injury, costs or property damage suffered by myself or aforementioned individual arising out participation in these activities.
5. I understand I may be subject to a criminal record check or other background investigation.
6. I understand that either the University or I may cancel this agreement at any time by notifying the other party.

I hereby volunteer my services, as described in the Work Description, to assist the University in its authorized work.

_____ Date

Signature of Volunteer

_____ Date

Approval Signature of Parent/Guardian if under 18

SECTION TWO
(To be completed by the University)

While this agreement is in effect, the University agrees to:

1. Accept you as a volunteer and recognize your rights under UCA 67-20-1 et. seq.
2. Authorize you to work as a volunteer according to the attached Work Description.
3. Reimburse your pre-approved actual volunteer related expenses; to the extent, funds are available.
4. When applicable, authorize you to ride in, or operate a University motor vehicle. (A copy of valid Utah driver's license shall be attached to this form if the volunteer will be authorized to drive a vehicle while performing volunteer services and the volunteer shall complete the State Division of Risk Management's Driver Training Program.)
5. The School may terminate this agreement at any time and for any reason.

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office.

Supervisor Signature

Title

Date

Print name and location of work site

I grant authorization to utilize the services of the volunteer as noted in the work description.

Director (or authorized representative) Signature

Date

HR Representative

Date

SECTION THREE
(To be completed by the University)

Assigned Position:

Dates and hours to be worked:

End of Assignment Date/Time: