



University Volunteer Agreement

Volunteer Information:

Legal Name: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____

Volunteer Location Details:

Department: _____ Volunteered Event: _____
Department: _____ Volunteered Event: _____
Department: _____ Volunteered Event: _____

Waiver and Release:

I, _____, of my own free will, hereby acknowledge that I am volunteering for the University. By doing so, I realize that I will not anticipate remuneration for any of the dates and times I assist with all related volunteered events.

I, the Volunteer, on behalf of myself, my heirs and representatives, release, indemnify, and forever discharge and hold harmless Cedarville University and its Directors, Officers, Board Members, Employees, Students, Agents, Insurers, successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the volunteer services I provide to Cedarville University. I understand and acknowledge that I assume all risks associated with volunteered event and any related activity, and that this Release discharges Cedarville University from any liability or claim that I may have against Cedarville University with respect to bodily injury, personal injury, illness, death, or property damage which may result from the services I provide to Cedarville University or occur arising out of or related to the services I am providing as a Volunteer. I also agree that I will be fully responsible for any and all loss or damage that I cause to any person or facilities during my participation in the volunteer service.

As a volunteer, I expressly agree that this Waiver and Release is intended to be as broad and inclusive as permitted by State and Federal laws, and that this Waiver and Release shall be governed by and interpreted as such. I agree to uphold University policy and will operate in accordance with the Community Covenant and General Workplace Standards while serving in a volunteer capacity. I agree to undergo a University criminal background check as administered through University Human Resources.

By signing below, I express my understanding and intent to enter into this Agreement, and each term therein, knowingly, willingly and voluntarily, and certify that I am over 18 years of age. If under 18 years of age, the volunteer must have legal guardian sign off in co-agreement.

Volunteer Signature _____ Date* _____

Legal Guardian (if volunteer is under 18 years of age) _____ Date* _____

* This agreement will expire one year after signature date. Individuals seeking to continue volunteering after this date, will be required to complete a new agreement. All completed forms should be routed to the University Human Resources office. UHR Signoff _____