

ROOSEVELT UNIVERSITY VOLUNTEER AGREEMENT

Roosevelt University is pleased that you wish to volunteer your time and services to the University in the Department of _____ (“University”).

Please sign below affirming that you have read and understand the following terms and conditions that apply to the volunteer work you are to perform at the University:

1. I, _____ (“Volunteer”), agree that I am a volunteer and not an employee of the University. I understand and agree that I am not entitled to any consideration, including but not limited to wages, benefits, insurance (including but not limited to health and workers’ compensation) or other compensation, for the time and services I provide to the University as a volunteer. I understand that even if the University provides with me with financial support or assistance for my time and services as a volunteer (e.g. stipends, reimbursements), it does not change my status as a volunteer.
2. I acknowledge and agree that I am not entitled to any employment or offer of employment after, resulting from or in connection with my work as a volunteer.
3. I acknowledge and agree that while the University may rely on my commitment to perform certain activities as a volunteer on a part time basis, I am not obligated to the University and the University is not obligated to me. Accordingly, the University may release me from my status as a volunteer at any time, and I may choose not to be a volunteer for the University at any time. Upon the end of my status as a volunteer for the University, neither I nor the University will have any obligation to one another except as explicitly stated in this Volunteer Agreement.
4. I acknowledge that while serving as a volunteer, I may be provided with or have access to confidential information and/or proprietary information of the University. Such information may include but is not limited to research data, results, reports, analyses, student and student-related information, methods of operation, trade secrets, training materials, policies, protocols, and procedures (administrative, research, and clinical), budgeting, staffing needs, databases, marketing information, equipment capabilities, fee schedules, and other proprietary, business, financial and other information connected with or related to the University that is not generally known to the public (collectively, “Confidential Information”). I agree that I will take all necessary steps to protect any Confidential Information that I may receive. I agree that I will not permit the unauthorized access, use or disclosure of any Confidential Information to any third party except as required by applicable law. This provision shall survive the termination or expiration of this Agreement.
5. I acknowledge that as a volunteer, many University policies and procedures are applicable to me, including but not limited to policies regarding ethical conduct, health & safety, the protection of sensitive information, the ownership of intellectual property, and others. I agree to conduct myself consistent with all applicable University policies and procedures.
6. I have read and understand the terms and conditions of this Volunteer Agreement and enter into it knowingly, willingly and voluntarily, with the intent to volunteer my time and services to the University.

This Volunteer Agreement shall be effective for a period beginning on _____ and ending on _____

ACKNOWLEDGED AND AGREED:

Name:

Volunteer Signature: _____ **Dept. Signature:** _____
Date: _____ **Date:** _____

DEPARTMENT SUPERVISOR

Name: _____

Date: _____

Signature: _____

VOLUNTEER

As an authorized volunteer I understand that I will act on behalf of Roosevelt University and I will conduct my activities accordingly. I have read and agree to the terms and conditions of my volunteer activities outlined in this memorandum, and further understand that for my personal safety I must follow directions of the Faculty or Staff member supervising my activities. I further acknowledge that I am not a University employee and as such am not entitled to any compensation or benefits from Roosevelt University.

Name: _____

Date: _____

Signature: _____

GUARDIAN (If volunteer is under 18 years of age):

Name: _____

Date: _____

Signature: _____

*** Please maintain a copy of this document for future reference.