Reset Form

VOLUNTEER AGREEMENT

SECTION I – VOLUNTEER INFORMATION

Name: _____

Address: _____

Phone No.: _____ Social Security No.: _____

Date of Birth*: _____ Driver's License #: _____

**Attach proof of age if volunteer is under the age of 18*

Email Address: _____

In case of emergency, please contact:

_____ _____ _____

Name Relationship Phone Number

As a volunteer, I agree to abide by all applicable rules and regulation of the NSHE and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this agreement at any time without prior notice.

INDEMNIFICATION: To the fullest extent permitted by law, the NSHE and shall indemnify, hold harmless and defend the volunteer, as if as an employee of the NSHE within the scope and meaning of NRS 41.0339, from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to attorney's fees and costs, arising out of the performance of the services set forth in the "Description of Volunteer Duties" statement contained within this document if the act or omission on which such liability, claims, actions, damages, losses, and expenses are based appears to be within the course and scope of the public duty assumed by the volunteer, appears to have been performed or omitted in good faith, was done under the control and direct supervision of the NSHE in the furtherance of the NSHE's business.

WORKERS' COMPENSATION INSURANCE: Volunteers shall receive worker's compensation coverage in accordance with NRS 616A.130 while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement.

STATE OWNERSHIP OF PROPRIETORY INFORMATION: Any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code, or any other documents and drawings, prepared or in the course of preparation by the volunteer while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement shall be the exclusive property of the NSHE and all such materials shall be remitted to NSHE by the volunteer upon completion, termination, or cancellation of service. A volunteer shall not use, willingly allow, or cause to have such materials used for any purpose other then performance of the volunteer's service under this agreement without prior written consent of NSHE.

CONFIDENTIALITY: A volunteer shall keep all information confidential, in whatever form, produced, prepared, observed or received by the volunteer to the extent that such information is confidential by law.

_____ I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.

_____ I have read a copy of the volunteer assignment description form and I request the following accommodation(s) to complete these tasks:

_____

Volunteer's Signature: _____

Date: _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the NSHE. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf

Parent/Guardian: _____

Print Name Signature Date

SECTION II – TO BE COMPLETED BY THE SUPERVISOR/DEPARTMENT VOLUNTEER CONTACT

Department where the volunteer will work:

_____

Department Account number:

_____

Supervisor responsible for volunteer's work:

_____

Name and Title

Supervisor's Phone #: _____

Work will begin on: _____ and end on: _____

Supervisor's Signature: _____ Date: _____

*** Please attach a copy of the Volunteer Assignment Description form prior to submitting this form to the appropriate Human Resources Office.**