



--	--

Location

Event Leader

Dates of anticipated Volunteer Service
Start Date: _____ End Date: _____

Service dates should not be more than a year span. If ongoing, a new Volunteer Packet should be completed each year.

	• No
--	------

Will volunteer handle cash or financial transactions?	• Yes No
---	---------------

If yes to either background check is required.

Description of Volunteer Duties (Attach additional sheets if necessary)

--

Description of Required Training (Attach additional sheets if necessary)
--

--

I understand that individuals who wish to donate their time and service for activities not defined as employment with WSU must meet the criteria established by the University policies, and federal/state law. I understand that I am responsible for holding volunteers accountable for compliance with those policies and procedures. I am responsible for ensuring the volunteer conducts themselves professionally and for providing a safe environment and appropriate training for the volunteer.

Signature of Event Leader: _____

Date: _____

Volunteer Information

Wichita State University appreciates the time and service provided to the University by volunteers. We are dedicated to ensuring you have a quality volunteer experience that is safe, productive, and rewarding. Thank you for providing the following information.

(v46 m)-4ETev encvy C

Event

First Name

Last Name

I understand and acknowledge participation in WICHITA STATE UNIVERSITY (University) program is voluntary. I will receive no compensation now or in the future for the services I perform in this role as a volunteer and have no expectation of paid employment subsequent to my volunteer services. I hereby authorize the University to make inquiries into my background, and I agree to comply with the institution's background check policy prior to volunteer placement, if applicable.

As an authorized volunteer, I understand that I will be acting on behalf of the University and I will conduct my activities accordingly. I agree that I will follow all University policies in my role as a volunteer. I also understand that I may encounter or work with confidential information in connection with my activities as a volunteer. I agree to hold confidential all information to which I may have access and not share it with any person outside of the scope of my volunteer services. If I disclose such information to unauthorized persons, I understand that the University may immediately dismiss me from the volunteer program, and I may face additional legal consequences.

I understand that I may be exposed to or receive an illness, injury, or personal loss participating in this volunteer position. I further acknowledge and agree that I am aware of and will assume and accept any and all risks associated with and inherent in the activities and services I will be performing. I hereby release, waive, and discharge the State of Kansas and the University, including their agencies, officers and employees, from any claims, liabilities, causes of action for property damage or personal injury, whether caused by their negligence or otherwise, incurred while I participate in the volunteer program.

By signing this document, I acknowledge that I have carefully read this volunteer service agreement and release, and I fully understand its contents.

Event Name

Event Leader

Signature of Volunteer

Date

Signature of Parent/Legal Guardian (if under 18)

Date
