



Volunteer at Averett University

420 West Main Street, Danville, VA 24541

1-800-AVERETT www.averett.edu

Volunteer Agreement and Release from Liability

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services to Averett University's _____.

(Please keep a copy of this form within each volunteer's file for future reference.)

Volunteer's Name: _____ Male _____ Female _____

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, students and visitors).

I agree to maintain the confidentiality of all volunteers, students and donors about whom I have personal and identifying information. **Please initial here:** _____

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. **Please initial here:** _____

I am aware that as a volunteer I expose myself to potential hazards, which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. **Please initial here:** _____

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Averett University from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. **Please initial here:** _____

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. **Please initial here:** _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer Signature

Date: ___/___/___

Witness Signature

Date: ___/___/___

Volunteer's Phone Number: (Home): (____) _____ - _____ (Work): (____) _____ - _____

Volunteer's Address:
Street _____ City _____ State _____ Zip _____