



# South Georgia State College

## Volunteer Agreement Form

Thank you for agreeing to volunteer your services to South Georgia State College (SGSC). Please review the terms of this agreement carefully and confirm your acceptance by signing at the end.

### 1. Volunteer Role and Department

I agree to serve as a volunteer with SGSC in the \_\_\_\_\_ (insert department)

### 2. Nature of Volunteer Service

I understand that and agree that:

- My participation in the activities outlined in the attached Description of Volunteer Duties (which is part of this agreement) is not in exchange for any form of compensation (e.g., pay, benefits, or the promise of future employment).
- I have neither been promised nor do I expect any such consideration in return for my volunteer service.

### 3. Non-Student Status

I understand that:

- I will not be enrolled as a student at SGSC while volunteering.
- No academic credit will be granted for my volunteer service.

### 4. Volunteer Status

I acknowledge that:

- I am not an employee of SGSC.
- Both SGSC and I have the right to terminate my volunteer relationship at any time, for any reason, and without prior notice.
- I affirm that no apparent or potential conflicts of interest of present.

### 5. Insurance and Liability

I understand that:

- As a volunteer, I am not entitled to employee benefits.

- SGSC will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred during my volunteer service.
- I am not covered by workers' compensation laws as part of my volunteer role.

## 6. Risk Acknowledgement and Liability Waiver

I understand that my volunteer participation may involve certain risks, which have been explained to me. I voluntarily accept these risks.

I agree to release and hold harmless:

- The Board of Regents of the University System of Georgia,
- South Georgia State College, and
- Their members, employees, agents, and authorized representatives from all losses, damages, costs, expenses, claims, demands, rights, and causes of action resulting from any personal injury, death, or property damage arising from my volunteer.

## 7. Compliance and Confidentiality

I agree to:

- Abide by all applicable rules and regulations of the University System of Georgia and the department of unit where I engage in volunteer activities.
- Maintain confidentiality regarding any sensitive information I may encounter during my volunteer service. This includes, but is not limited to:
  - Student records
  - Research subjects
  - Unpublished research data
  - Any other confidential information

## 8. Background Check

I understand and agree that I will be required to submit to a background check for any volunteer services involving direct contact with minors, driving, keys, etc.

This agreement is valid from \_\_\_\_\_ to \_\_\_\_\_

(No greater than two years).

Program Name \_\_\_\_\_ Phone \_\_\_\_\_

Program Supervisor's Name \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer's Name \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer's Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

\*Parent's Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_



# **South Georgia State College**

## **Volunteer Agreement Form**

### **Description of Volunteer Duties**

#### **Summary**

#### **Description of Volunteer Duties**

Documents may be submitted via email to [hr@sgsc.edu](mailto:hr@sgsc.edu).