

**Idaho State University**  
**Authorized Volunteer Services Agreement**

I, the undersigned, have volunteered to perform the service(s), listed below, for the following Idaho State University (ISU) sponsored field trip/event/activity, without compensation, and in accord with the following understandings:

University Volunteer is defined as: An individual who performs services for and directly related to the business of the University, without expectation of compensation.

I understand as a Volunteer I am not considered an employee for any purpose other than workers= compensation and general liability protection. Therefore I am not eligible for retirement and health benefits, other than workers compensation benefits on a medical basis only, as a result of my volunteer status. My volunteer assignment can be terminated at the discretion of the University.

☞ ISU Department, Club, Organization or Event: \_\_\_\_\_  
\_\_\_\_\_

☞ ISU Sponsored Event: \_\_\_\_\_

☞ Service(s) Performed – *Attach detailed job description provided by SUPERVISOR (i.e., dates of service – be specific, especially for field drips, etc., and course and scope of volunteer duties)*  
**\*\* driving for field trips for the semester WILL NOT BE ACCEPTABLE**

☞ Dates of Service: (From) \_\_\_\_\_ (To Approximately) \_\_\_\_\_

☞ This volunteer service will not confer on me the status of an ISU employee; however, while acting within the course and scope of this Agreement, I am covered under the provisions of:

1) Idaho Tort Claims Act, which protects a State employee from liability for injury or damage to others while the employee is acting within the course and scope of his or her duties (unless the act is committed with criminal or malicious intent), and;

2) ISU's Worker's Compensation Policy, which provides compensation for work-related injury.

If I am less than eighteen (18) years old, my parent or guardian consents to this agreement by signature below.

I understand the health and physical conditions requirements for performing the services described above, and certify that I know of no physical condition or limitation that may adversely affect my ability to perform this service(s).

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By my signature below, I hereby agree to and fully understand all of the above conditions as outlined above.

Volunteer Name (please print) \_\_\_\_\_

Date of Birth: (00/00/0000) \_\_\_\_\_ Contact No. (Area code) \_\_\_\_\_

Address: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is younger than 18 years of age)

Name of Emergency Contact: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Telephone No. (Include area code) \_\_\_\_\_

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Authorized Volunteer's ISU Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

INSTRUCTIONS: MUST BE COMPLETED PRIOR TO VOLUNTEER WORK  
KEEP LOG OF TIME (HOURS/DAYS)-RETAIN IN DEPARTMENT  
RETURN SIGNED FORM TO RISK MANAGEMENT, CAMPUS BOX 8410/FAX 282-4821

