



# VOLUNTEERING

## Volunteer Agreement and Liability Form

This form **MUST** be submitted to the Student Engagement Office **BEFORE** volunteering.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Semester / Year: \_\_\_\_\_

Student Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Phi Theta Kappa Member: Yes \_\_\_\_\_ No \_\_\_\_\_ Honors Program: Yes \_\_\_\_\_ No \_\_\_\_\_

Course Name / Number / Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

Community Partner Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**STUDENT:** I will perform my respected duties and adhere to the designated number of hours to the best of my ability and follow all policies of the site, 2) not go beyond the scope of assigned responsibilities, 3) not work in a room alone with a child or client, or transport a child or other client, unless authorized and insured by the site; and 4) be open to supervision and feedback, which will facilitate learning and personal growth. I will notify my instructor and the Student Engagement Office of any concerns or changes regarding my Service Learning experience.

I acknowledge, agree, and understand that:

1. I acknowledge that my participation in this activity/class/program is elective and voluntary and that my participation is not required by the College.
2. I agree to conduct myself in accordance with FVCCs policies and procedures. I further agree to abide by all the rules and requirements of the Program/Activity. I acknowledge that the College has the right to terminate my participation in the Program/Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Program/Activity, or for any other reason in the College's discretion.
3. I understand that as a participant in the Program/Activity, I will engage in a variety of service activities, during which I could sustain serious personal injuries, illness, property damage, or even death. I further understand that there may be other risks not known to me or not reasonably foreseen at this time. I further understand and agree that any injury, illness, property damage, disability or death that I may sustain by any means is my sole responsibility except for those occurrences due to Flathead Valley Community College's negligence or intentional acts.
4. I understand that I may be photographed; I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, and/or organizers.
5. I understand that Flathead Valley Community College does not provide insurance for me.
6. I agree to hold Flathead Valley Community College harmless from any and all such injury or damage and all costs, including attorney's fees, incurred in defense of any action brought against the College for any such damages or injury.
7. My signature below is my acknowledgment that I have read and understood every provision of this Waiver and Release of Liability, and that I agree to abide by it.

**PHOTOS:** I, the undersigned, do hereby release all rights or claims in connection with the photo(s) in which I appear, for the use by Flathead Valley Community College (FVCC). I understand that the photo(s), if used, will be for the promotional purpose of assisting FVCC, and I waive any claim to financial remuneration for the use of the photo(s) or time spent while taking the photo(s). I also waive any right to inspect or approve the finished photos and/or promotional copy. However, all rights to further reproduction of the original digital image or negative reside with the photographer. I hereby release FVCC, its legal representatives and all persons acting under its permission or authority from any liability for any alterations that may occur to the photos entered into the contest. I declare that I am of legal age and have every right to contract in my own name in the above regard. My signature below certifies that I have read and understood the terms of this release. I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

**GUARDIAN IF MINOR (UNDER 18 YEARS OLD):** This is to certify that I have custody of Participant or am the legal guardian of Participant by court order. I have read this agreement and fully understand its terms. I am aware that this agreement includes a release and waiver of liability, an assumption of risk, and an agreement to indemnify the releasees. I join with Participant in granting a release to Releasees as set forth in detail above.

Guardian Signature (for students under 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_

### ADDITIONAL COURSES OR SITES THAT FULFILL THE SAME VOLUNTEER REQUIREMENTS CAN BE COMPLETED ON THE BACK OF THIS PAGE

The parties, by their signature below, acknowledge having read and understood the Volunteer Agreement and Liability Form and agree to be bound by its terms and conditions:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Courses

If volunteering at the same site for multiple courses that allow volunteering for credit. Where you volunteer needs to be signed off by each instructor.

**Instructor's Name:** \_\_\_\_\_ **Course Name / Number / Section:** \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_ **Course Name / Number / Section:** \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_ **Course Name / Number / Section:** \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

## Additional Sites

If volunteering at different sites for the same course.

**Community Partner Site:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

**Community Partner Site:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

**Community Partner Site:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_