

TEXAS SOUTHERN UNIVERSITY



VOLUNTEER REGISTRATION AND ACKNOWLEDGEMENT FORM

Name of Volunteer: _____

Volunteer Duties (Describe Briefly):

Supervisor: _____

Department: _____ Telephone: _____

Start Date: _____ End Date: _____

Risk Acknowledgement:

I understand that my Volunteer participation and any travel associated with it, could involve risk of bodily injury, property damage, or death, and I accept and fully understand these risks. I acknowledge that it is the responsibility of each Volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time including those relating to travel.

Insurance:

I understand that my services and participation are rendered as a volunteer in a non-employee capacity, therefore employee benefits such as health insurance cannot be offered, and workers compensation is not applicable. I acknowledge that any accident insurance coverage that the University may carry applicable to volunteers would be secondary and excess to all other applicable insurance policies, including, but not limited to any health care and auto insurance coverage I may have. I acknowledge that I am responsible for obtaining and sustaining my own health and auto insurance coverage.

Emergency Medical Treatment:

Should I become injured or ill during my Volunteer activities, I hereby grant Texas Southern University full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and release the University and their related staff, representatives or host organizations from liability for such decisions.

Confidentiality:

I acknowledge, that during my voluntary services or participation, I might have access to, or be exposed to confidential information of Texas Southern University which may include, but not limited to; social security numbers, addresses, telephone numbers, files, correspondence, health or personal information, as well as conversations, electronic records, emails, data bases and recordings. I acknowledge that disclosure of such information could cause irreparable harm or damage to Texas Southern University, its employees and/or students. I therefore agree that I shall keep confidential and

not disclose any information acquired from Texas Southern University, its staff, students, agents, or representatives in connection with this agreement, services, or participation. I acknowledge and agree that my obligation to maintain confidentiality does not expire and remains in effect even after my agreement for services has expired.

Liability Waiver and Indemnification:

Furthermore, in consideration of the opportunity afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; Texas Southern University, its faculty, staff, trustees, officers, representatives, agents, and host organizations from all form and manner of risks inherent or relating to such activities, and I waive all claims and demands of any nature arising from my volunteer participation, campus access and related travel. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement.

I hereby acknowledge that I have had the opportunity to review this form and have it reviewed by legal counsel if necessary. I understand the foregoing and hereby agree to be bound by same.

Signature of Volunteer: _____ Date: _____

Print Full Legal Name of Volunteer _____

Signature of Witness _____ Printed Name: _____
(Date)

Cell Phone Number: _____ Home Phone: _____

Address: _____

Email: _____

Emergency Contact Info:

Approval (Department Head/ VP/Dean)

Signature: _____ Date: _____

Print Name: _____ Title: _____

For HR ONLY

Reviewed by: _____

HR Signature: _____