



Volunteer Profile, Disclosure and Consent Form
(Department to keep on file)

Volunteer Name: (please print): _____ Over Age 18: Yes ___ No ___

Address: _____ City: _____ State: ___ Zip Code: _____

Telephone (include area code): _____ Cell Phone: _____ Email _____

Emergency Information:

Contact Name: _____ Telephone No. (include area code) _____

Email (if known) _____ Relationship to Volunteer: _____

Thank you for volunteering your time and talent to Grand Valley State University in support of its important mission of educating and shaping the lives of our students. Please consider the University policies presented below regarding Volunteer service.

A University volunteer is an individual who performs work or provides services in support of University activities without the expectation of compensation. Volunteers may perform a variety of services, however the University does not intend for volunteers to perform or displace work that is presently being performed by University employees.

Volunteers acting on behalf of the University are expected to adhere to University policies, including but not limited to those policies concerning alcohol and drug use, vehicle use, personal conduct, fiscal propriety, sexual harassment, diversity, and non-discrimination.

Volunteers are not considered employees and are not covered by workers' compensation disability benefits. Therefore volunteers are personally responsible for the expense of any medical care received for injuries incurred because of volunteer service to the University. Volunteers are not eligible for unemployment benefits.

*“It is the policy of Grand Valley State University to support its Board members, officers, faculty, and staff in the reasonable and proper performance of their official duties, and to support students and **volunteers** when performing services on behalf of or under the direction of the university.”*

GVSU has insurance coverage that will cover your volunteer services as described above. A copy of the certificate of insurance is available to you at your request.

If your assignment involves minor children, confidential information or money you will be required to pass a criminal background check before your assignment begins. If your assignment requires you to operate a vehicle owned or leased by the University, you will need to present your valid driver's license to the Department of Public Safety for authorization.

Disclosure of Associated Risks

The University endeavors to provide a safe working environment for volunteers, adhering to the same standards it has for its employees. Therefore, there are dangers and risks to which you may be exposed as a volunteer. These risks may include the possibility of slight or severe bodily injury, or death, from hazards including but not limited to:

Training, instruction, evaluation, and skill development for all sport-related activity, as well as travel for club events and recruiting.

I know that as a Volunteer, I am personally responsible for the expense of any medical care received for injuries incurred because of volunteer service to the University.

I, therefore, freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I release Grand Valley State University, its Board of Trustees, employees, and agents from all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with this activity. I understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Grand Valley State University, or any of its employees or agents, including but not limited to negligence, mistake, or failure to supervise. I understand that this Release does not apply to instances of intentional misconduct by a University employee or agent.

These releases are effective for me, my personal representative, assigns, and heirs.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS, AND VOLUNTARILY SIGN THIS RELEASE. MY SIGNATURE BELOW INDICATES MY COMPLETE AND WILFULL CONSENT.

Signature of Volunteer

Date

Name (Please Print)

If the above signed is not of legal age (18) at the date of signing, this form must be signed by the participant’s parent or legal guardian.

As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to become a volunteer, and agree to be bound by the conditions outlined above as if I myself had signed above.

Signature of Parent/Legal Guardian

Date

Name (Please Print)

****NOTE TO DEPARTMENTS****

Signed originals should be retained by the Department for a period of one-year post completion of the volunteer assignment.