



AUGUSTA UNIVERSITY

The Augusta University Volunteer Agreement Form

Thank you for agreeing to volunteer your services to the Augusta University (AU). Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

1. I agree to serve as a volunteer with AU and the _____ (insert name of Department or Unit).
2. I 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 consideration (e.g., pay, benefits, the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration.
3. I understand that I will not be enrolled as a student at AU and that no academic credit will be granted by AU.
4. I agree that, as a volunteer, I will not be a AU employee. I understand and agree that AU and I both have the right to end my volunteer relationship with AU, at any time, for any reason, and without advance notice.
 - I understand that as a volunteer, I will not be entitled to any employee benefits. I understand that AU will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering. I also understand that I am not covered by workers' compensation laws in connection with my volunteer affiliation.
 - I understand that my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to _____. I voluntarily accept these risks. I release and hold harmless the Board of Regents of the University System of Georgia, Augusta University, their members, employees, agents and authorized representatives, from all losses, damages, costs, and expenses, claims, demands, rights and causes of action resulting from any personal injury, death, or damage to property arising out of my volunteer activities
 - I agree to abide by all applicable rules and regulations of AU and any of the department or units where I engage in volunteer activities. I also agree not to disclose any confidential information concerning patients, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service. I acknowledge and agree that any intellectual property I may create in the course of my activities at AU shall be the property of AU.

Volunteer's Signature _____

Date _____

Volunteer's Printed Name _____

Phone _____

*Parent's Signature _____

Date _____

(If the volunteer is a minor, i.e., under 18 years old)

Witness's Signature _____

Date _____

Witness's Printed Name _____