Volunteer Services Agreement and Waiver

Volunteer Name: **Phone Number:**

Dates of Volunteer Service: **Projected # of hours:**

Description of Volunteer Services:

Lewis-Clark State College (LC State) welcomes volunteers and may direct, adjust, or conclude volunteer participation at any time, with or without cause or prior notice. Volunteer participation is at-will and does not create a contractual or employment relationship, an expectation of continued service, or a property interest in any volunteer assignment.

I, the undersigned, have volunteered to perform the service(s) for the LC State sponsored field trip/event/activity, listed above, without compensation, and in accordance with the following understandings:

1. I understand the requirements for performing the above volunteer services and certify that I know of no condition or limitation that may adversely affect my ability to perform the services.
2. I agree to notify the LC State supervisor and/or employee of any problems, concerns or changes.
3. I am NOT an employee of LC State and have volunteered to perform services without compensation.
4. I understand that as a volunteer I must abide by all rules, regulations, policies, procedures, practices and instructions of LC State, including health and safety precautions and confidentiality. I will use reasonable care in all that I do.
5. I understand I must respect the highest level of privacy for all members of the college community and participants in college programs, including members of the public.
6. I understand I do not have a formal work appointment for these services and LC State may terminate my appointment as a volunteer at any time.
7. I understand that if this volunteer service involves minors, I must complete a Background Check Authorization Form to comply with the Minors on Campus Policy. Contact hr@lcsc.edu to complete the authorization form.

8. I understand that if I will be driving LC State vehicles, I must fill out the Vehicle Use Agreement, submit to a driver's background check, and take any required training. All such authorizations must be approved in writing in advance by the president or a vice president.
9. Photo Release: I hereby agree to permit LC State employees and agents to take photographs and make film records of me without further recourse. I understand and agree that such photographs and/or film may be used for commercial and/or promotional purposes.
10. I agree to hold harmless, discharge, indemnify and release the State of Idaho, Lewis-Clark State College, and all their respective administrators, employees and other volunteers, from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever which may arise from or in connection with volunteering at Lewis-Clark State College.

Age Attestation

By signing this form, I certify and attest that:

- I am **eighteen (18) years of age or older** as of the date of this agreement.
- I will provide valid government-issued identification upon request to verify my age.

I understand that misrepresentation of my age or eligibility to volunteer may result in immediate termination of my volunteer status.

Volunteer Signature:

Parent/Legal Guardian Signature (Required if Volunteer is Under 18)

I am the parent or legal guardian of the above-named minor. I have read this Agreement, understand its terms, and consent to the minor's participation as a volunteer. I agree to the Assumption of Risk and Release on behalf of the minor.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Relationship to Minor: _____**Date:** _____

LC State Department:

Authorized Volunteer's LC State Supervisor:

Return completed form to risk@lcsc.edu.