



## VOLUNTEER AGREEMENT

Please affirm your acceptance of the terms of this Volunteer Agreement (“Agreement”), stated below, with your signature.

1. I am being appointed in a voluntary capacity as a **Volunteer** - \_\_\_\_\_ (*service position*) within the \_\_\_\_\_ (*College/Dept/Unit*) and not as an employee of Western University of Health Sciences (WesternU).
2. I acknowledge that I have initiated the request for an opportunity to volunteer at WesternU. I acknowledge and agree that I am engaging in the volunteer arrangement on my own accord.
3. I agree that as a University Volunteer my participation in the service duties referenced in the *Volunteer Registration Form*, I will not receive nor am entitled to any compensation from WesternU. The Volunteer Registration Form shall be incorporated by reference into this Agreement.
4. I understand that WesternU shall have the right to release me as a **Volunteer** - \_\_\_\_\_ (*service position*) without prior notice. I understand that I do not have a formal work appointment for these particular services.
5. I understand that anything I may create (inventions, copyrightable works, etc.) during my volunteer appointment shall belong to WesternU and I hereby assign all my rights and interests in and to such creations to WesternU.
6. While a **Volunteer** - \_\_\_\_\_ (*service position*), I agree to abide by all policies, procedures, practices and instructions of WesternU and to use reasonable care in all that I do. My compliance with WesternU policies includes the responsibility to respect the highest level of privacy expected at a graduate health professions university. I recognize that WesternU handles a variety of proprietary and private information concerning colleagues, students, patients, alumni, donors, and others associated with the WesternU and protecting privacy is the responsibility of the entire university community, including volunteers such as myself. As a volunteer, I agree to not disclose or discuss any confidential information obtained, either during or after my voluntary appointment with WesternU. This includes, but is not limited to, intellectual property, proprietary trade information, student records, payroll figures, personal data such as employee home addresses, patient records and donor files.
7. I understand that I am not entitled to the reimbursement of any expenses incurred while I participate as a **Volunteer** - \_\_\_\_\_ (*service position*),
8. I understand that as a university volunteer I am not entitled to employee benefits related to my volunteer service.
9. I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless WesternU or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or related to my volunteer service.
10. I am aware of the terms and conditions of this Agreement and am signing this Agreement of my own free will. Further, by signing this Agreement I attest to the fact that I am eighteen years of age or older.

**Volunteer’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_