



Volunteer Registration Form

Instructions & Guidelines

Instructions for the Volunteer:

- Review **Section I** and complete **Section II**.
- Thoroughly review **Section IV** acknowledge your agreement with the terms and conditions by initialing each section and providing your signature at the end of the document.

Instructions for the Operating Unit:

- Submit completed form to University Risk Management. Email to risk@westernu.edu
- Any questions? - Contact University Risk Management at extension 5452 or at risk@westernu.edu.
- Retain original for your department files.

To ensure that an individual is a volunteer and not an employee for purpose of the Fair Labor Standards Act, all of the following criteria must be satisfied in order for the volunteer activity to be permissible:

1. The activities are purely voluntary in nature, rendered without promise or expectation of any form of compensation or tangible benefit (such as gifts, academic credit, gift cards, cash, cash equivalents, etc.).
2. The activities must constitute a real effort of the individual to volunteer for a humanitarian or public service purpose or for the benefit of his/her professional experience and at hours that are at their own convenience.
3. Volunteers must not be utilized in ways that will result in the displacement or replacement (whether actual or perceived) of regular employees in the performance of their normal duties.

v.2021 Risk Mgmt

Section IV: CONFIDENTIALITY and PRIVACY ACKNOWLEDGEMENT

I, _____, (also referred to as “Volunteer”), freely agree to the following terms and conditions associated with my participation as a Volunteer with Western University of Health Sciences (hereafter “WesternU”):

Initials: _____

I understand and acknowledge that, during the course of my volunteerism; I may come in contact with and/or have access to confidential and/or sensitive resources (hereafter referred to as “WesternU Resources”), including but not limited to: WesternU’s internal network system/databases, admissions information, student information, and/or other forms of data or information.

Initials: _____

I understand and acknowledge that WesternU Resources may be governed by the Family Education Rights and Privacy Act of 1974 (FERPA) and by other applicable laws, statutes or regulations (e.g., Gramm-Leach-Bliley Act, HIPAA, HITECH, etc.).

Initials: _____

I understand and acknowledge that I must treat all data shared with me, accessed and/or reviewed by me, as a Volunteer, as highly confidential and refrain from any conduct or actions which could jeopardize the security, confidentiality and/or privacy of the WesternU Resources.

Initials: _____

I understand and acknowledge that, aside from the scheduled dates/times referenced in this document, I am prohibited from otherwise accessing the WesternU Resources without the explicit permission, authorization or approval of the Designated WesternU Representative.

Initials: _____

I understand and acknowledge that I may be held accountable for any resulting improper use and/or access to the WesternU Resources, including, but not limited to, the denial/termination of my access and/or my continued participation as a Volunteer.

Initials: _____

I understand and acknowledge that I have voluntarily chosen to participate as a Volunteer in the capacity described in this document with the full understanding that this participation will be uncompensated.

Initials: _____

I understand and acknowledge that either I, or WesternU may terminate this arrangement at any time without advance notice. Further, I agree to abide by all relevant policies or procedures of WesternU relating to my role as a Volunteer, including but not limited to the specific confidentiality and privacy requirements stated above.

Signature of Volunteer

Date

Signature of Department Head

Date