

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

VOLUNTEER REGISTRATION FORM

*** Completion of the form does not guarantee the Volunteer is cleared to provide services. ***

Section I: TO BE COMPLETED BY THE OPERATING UNIT						
College:	Department:	Supervisor Name,	/Title:	Supervisor Ext.		
Volunteer Name (First & Last):	Volunteer P	Position Title: Hours per Week:	Start Date of Service:	End Date of Service:		
Will the Volunteer be subject to reimbursement: ☐ Yes ☐ No. If yes, please describe anticipated reimbursement (i.e. mileage, travel, etc.).						
Volunteer Affiliation : Current WesternU Employee: Department & Title/Position College, Program/Year Non-WesternU Employee or Student Student from Another Institution:						
Name & Location						
Summary of Volunteer Service Duties (Identify the relevant tasks/scope. Must not coincide with any non-exempt WesternU position the person may currently hold):						
Is a Professional License or Certificate required to perform these duties?						
Must Check the Below Box Operating Unit verifies Volunteer has been informed of the following: Volunteer service will be uncompensated and volunteer understands that they or the University may terminate this relationship at any time without notice. Volunteer agrees to abide by all rules and regulations of WesternU and understands that they are not an employee of the University. Completion of this form does not guarantee they will be able to provide volunteer services for WesternU.						
Section II: TO BE COMPLETED B	Y THE VOLUNTEER					
Volunteer Name (First & Last):	Telephone Number:	Address:	City:	State/ Zip Code:		
Emergency Contact (First & Last):	Telephone Number:	Address:	City:	State/ Zip Code:		
Period of Service Start Date of Service: End Date of Service:						
Are you receiving school credit for volunteering? ☐ Yes ☐ No List Course:						
Have you been convicted of a misdemeanor or felony? ☐ Yes ☐ No If yes, list circumstance(s) and date(s):						
Volunteer Acceptance Statement and Signature: This is to acknowledge that I desire to volunteer my services, performing the duties listed above, and that those services rendered by me will be at the direction of the above named supervisor and will not, if I am a current WesternU Employee, coincide with any non-exempt WesternU position that I hold. I understand that I will not be compensated for these services. Signature of Volunteer:						
Section III: OPERATING UNIT SIGNATURE AUTHORITY						
Department Head/Designee Name(Print):	Signature:		Date:		
Department Signatures certify form completion. Make a copy for the Volunteer and Departmental files.						

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	ity
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 documed am prohibited from otherwise accessing the WesternU Resources without the explicit permission, authorization or approval of the Designated WesternU Representative.	nt,
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 Wester relating to my role as a Volunteer, including but not limited to the specific confidentiality and privarequirements stated above.	rnU
Signature of Volunteer Date	
Signature of Department Head Date	