

# **VOLUNTEER AGREEMENT**

## **SECTION I – VOLUNTEER INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Date of Birth\*: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

*\*Attach proof of age if volunteer is under the age of 18*

In case of emergency, please contact:

\_\_\_\_\_  
Name Relationship Phone Number

As a volunteer, I agree to abide by all applicable rules and regulation of the NSHE and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this agreement at any time without prior notice.

**INDEMNIFICATION:** To the fullest extent permitted by law, the NSHE and shall indemnify, hold harmless and defend the volunteer, as if as an employee of the NSHE within the scope and meaning of NRS 41.0339, from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to attorney's fees and costs, arising out of the performance of the services set forth in the "Description of Volunteer Duties" statement contained within this document if the act or omission on which such liability, claims, actions, damages, losses, and expenses are based appears to be within the course and scope of the public duty assumed by the volunteer, appears to have been performed or omitted in good faith, was done under the control and direct supervision of the NSHE in the furtherance of the NSHE's business.

**WORKERS' COMPENSATION INSURANCE:** Volunteers shall receive worker's compensation coverage in accordance with NRS 616A.130 while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement.

**STATE OWNERSHIP OF PROPRIETARY INFORMATION:** Any reports, histories, studies, tests, manuals, instructions, photographs, ne

**SECTION II – TO BE COMPLETED BY THE SUPERVISOR/DEPARTMENT  
VOLUNTEER CONTACT**

Department where the volunteer will work:

\_\_\_\_\_

Department Account number:

\_\_\_\_\_

Supervisor responsible for volunteer's work:

\_\_\_\_\_

Name and Title

Supervisor's Phone #:

\_\_\_\_\_

Work will begin on:

\_\_\_\_\_ and end on: \_\_\_\_\_

Supervisor's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**\* Please attach a copy of the Volunteer Assignment Description form prior to submitting this form to the appropriate Human Resources Office.**