



Volunteer Agreement and Waiver of Liability

Name: _____

Last

First

M.I.

Home Address: _____

Street

City, State, Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Emergency Contact Person: _____

Phone Number of Emergency Contact Person: _____

Volunteer Position: _____

Volunteer Supervisor: _____

1. I agree to perform services on behalf of Goshen College strictly as a volunteer, and verify that I am performing such services without being under any contract for hire, express or implied, as either an employee or independent contractor. As a volunteer, I do not expect remuneration for the services I provide, except that I may be eligible for a free Recreation Fitness Membership if I pledge to volunteer at least 50 hours during the academic year as outlined under the terms of the RFC Volunteer Membership form and Volunteer Verification form.
2. I will not hold myself out as or claim to be acting in the capacity of an officer, employee, or servant of the college and will not make any claim, demand or application for any right or privilege which might be claimed, demanded or applied for by a person employed by the College, including, without limitation, workers' compensation, unemployment insurance, social security, salary, bonuses, retirement, or any like employment benefit under applicable law or custom. All rights under Indiana law applicable to the employees of the College are hereby expressly waived.
3. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, also agree to indemnify the College and all of its related organizations, employees, agents, officers, and representatives in their official and individual capacities (Releasees), and hold the same harmless from any and all liability whatsoever against any and all injury, loss, damage, liability, cost, penalty or expense of any kind (including but not limited to attorneys' fees) which may be incurred by the College, myself or any third party, arising out of, resulting from, occurring during, or connected in any manner with my participation as a volunteer in any event or activity sponsored or authorized by the College, except that which constitutes gross negligence, or intentional, willful or wanton misconduct by the Releasees.
4. I acknowledge that I am responsible for any costs related to my personal illness or injury that may result from my service as a volunteer to the College.

5. I authorize the College to seek and consent to receive medical treatment in the event of injury, accident or illness during my participation in any College program activity or event and accept financial responsibility for all expenses related to my medical treatment as well as travel to receive medical treatment.
6. I agree to comply with all federal and state laws and College policies and procedures, including maintaining strict confidentiality of any protected student, personnel, or other data. Failure to do so will result in my disqualification as a volunteer.
7. I understand that I may be required to undergo an appropriate background screening depending on my volunteer duties.
8. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, and that I have signed it knowingly and voluntarily.

AGREED BY:

Signature of Volunteer

Date:

Printed Name of Volunteer

ACKNOWLEDGED AND AGREED BY GOSHEN COLLEGE:

Signature of Supervisor

Date:

Printed Name of Supervisor

ID Number:

Signature of Human Resources Representative

Date:

Printed Name of Human Resources Representative