



Volunteer Agreement Form

Purpose: This form is to be used to request a Volunteer. The procedure is as follows:

1. Once the Volunteer completes Section 1, the Department Head/Supervisor should complete Section 2 and email the form to Human Resources (humanresources-1@ccsu.edu).
2. Once Human Resources reviews and approves the form, they will notify both the Department Head/Supervisor and the Division Executive.
3. It is important to note that no Volunteer is authorized to work until the above steps have been completed.
4. A volunteer assignment can last no longer than an academic year. A new Volunteer Agreement form must be submitted each academic year.

YOU MAY NOT BEGIN A VOLUNTEER ASSIGNMENT UNTIL YOU ARE NOTIFIED IN WRITING BY HUMAN RESOURCES.

Section 1. Volunteer Information

First Name: _____ Last Name: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Certifications & Training: (If applicable, check any certifications you currently hold and include the expiration of the certification)

☐ CPR & First Aid _____

☐ AED _____

☐ Concussion Training _____

☐ Child Safety Training _____

☐ Coaching License (Specify Type: _____) Expiration: _____

☐ Other (Specify: _____)

Availability:

Preferred Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Preferred Time: ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight

As a volunteer, I agree to the following (please initial next to each statement):

____ I understand and shall comply with the CSCU Volunteer Policy.

____ I am 18 years of age or older.

____ I will abide by all CSCU and university policies and procedures.

____ I serve at the sole discretion of the university. The university may terminate my service as a volunteer for any reason, at any time, without prior notice or cause.

____ I may be required to undergo a background check and if such background check is required, that authorization to serve as a volunteer is contingent upon satisfactory results of the background check, as determined at the sole discretion of the university.

Office of Human Resources

1615 Stanley Street, P.O. Box 4010, New Britain, CT 06050 | tel: 860.832.1756 | fax: 959.255.8790

ccsu.edu/hr



____ I shall indemnify and hold harmless the Connecticut State Colleges and Universities and Central Connecticut State University, its regents, officers, agents, and employees from liability for injury, damage, loss, or liability whatsoever caused by my negligence, gross negligence, or intentional act or omission.

I further agree to assume any and all risks associated with my volunteer services at or for the university, whether on-campus or off-campus, and release and discharge the university from any and all claims, actions, causes of action, demands, rights, liability, and damages that I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of my participation as a volunteer at or for the university, including, but not limited to, any bodily injury, personal injury, illness, death, or property damage, whether caused by the negligence, action, or inaction of Central Connecticut State University or persons acting on its behalf or otherwise.

I certify that I am at least 18 years old. I further certify that I have not been found to have violated any rules, regulations, guidelines or policies related to Title IX, sexual misconduct, sexual harassment, discrimination, retaliation, or the duty to report suspected child abuse or neglect, at any time.

I understand and agree with the terms and conditions set forth above. I understand that my role as a volunteer is subject to approval, may be subject to a background check, and that I must comply with all organizational policies and procedures.

Print Name: _____

Signature: _____

Date: _____

Section 2. Requesting Department

Department: _____

Immediate Supervisor: _____

Volunteer Status: ☐Returning New☐

Assignment Starting Date: Assignment Ending Date: (must not be longer than an academic year)

Description of Duties:

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Terms & Conditions for the Use of Volunteers

1. A Volunteer is an individual who offers their time, skills, and/or expertise without financial compensation to assist an institution in various capacities.
2. The purpose of a Volunteer is in supporting the mission of CCSU and enhance the quality of education and services provided to students, staff, faculty, and the community.
3. Volunteers may not perform essential duties normally assigned to bargaining unit employees.

Signatures Agreeing to Above Terms & Conditions:

Department Head/Supervisor: _____ Date: _____

Human Resources Approval: _____ Background Check Completed: _____

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