



VOLUNTEER SERVICE AGREEMENT AND RELEASE

Provide one copy of this agreement to the Volunteer.
Retain this agreement for seven years from the end of service.

Volunteer Personal Information:

Last Name			First Name			Middle		
Street Address				City		State		Zip
Telephone: Home / Business / Cell Phone						E-mail Address		
Emergency Contact Name			Relationship to You			Emergency Contact Phone Number		
Physician's Name				Physician's Phone Number				

We are pleased you have decided to volunteer your services for the Greenville College activity/event of _____.

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. We extend our sincere thanks for your valuable contribution to Greenville College.

I, _____
First Name Middle Initial Last Name

(the "Volunteer") in consideration of being allowed to participate in the volunteer services of Greenville College (the "College"), do hereby agree that:

- I understand and agree that my volunteer service will be from _____ to _____.
(Month/Day/Year) (Month/Day/Year)
At the end of such period, I understand that my volunteer service will cease and I will no longer be permitted access to the College facilities.
- I acknowledge the College is a Christian college campus which maintains lifestyle standards in keeping with a Christ-centered philosophy.
- I understand I am to adhere to College policies, regulations, guidelines, and all local, state and federal laws. Failure to comply with these regulations may result in the termination of my volunteer service.
- I understand and agree that my volunteer service is in no way an offer of or employment by the College and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release the College from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of the College.
- I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the College and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the College and to keep any College records or files, confidential. I also agree to keep any information I may observe confidential and not to disclose,

discuss or reveal any such information to anyone other than those involved in my volunteer service with me.

6. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless the College, including its present and former trustees, officers, directors, faculty, employees, insurers, agents and activity participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the College persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the College's facilities during my participation in the volunteer service.
7. I understand participation as a College volunteer carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity/event to another and may include but are not limited to minor injuries such as scratches, bruises, and sprains; major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and catastrophic injuries including paralysis and death.
8. I understand that as a College volunteer, the College does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to any employee benefits as a result of my College volunteer affiliation.
9. I hereby authorize the College to arrange for and consent to receive medical treatment in the event of injury, accident or illness I may suffer during my participation in any program activity or event. I accept financial responsibility for all expenses related to my medical treatment as well as any costs associated with travel to receive medical treatment.
10. I understand that when choosing to drive or ride in a non-College vehicle, I am aware that automobile liability and the corresponding insurance is the responsibility of the vehicle owner. I understand that the College's insurance does not respond to non-College vehicles.
11. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois.
12. I have read and understand this Volunteer Service Agreement and Release, and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate in the College's volunteer service.
13. I understand and agree to provide a copy of a proof of age document.

Signature of Volunteer

Date

Note to Parents and Legal Guardians:

If the Volunteer is less than 18 years of age, the legal guardian of the Volunteer must consent and sign this form.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Date