

THE UNIVERSITY OF LOUISIANA AT MONROE

VOLUNTEER AGREEMENT

The University of Louisiana at Monroe thanks you for volunteering your services to our campus. Please affirm your understanding and acceptance of the terms of this agreement, stated below, with your signature.

TERMS OF AGREEMENT AND RELEASE:

- 1) I am volunteering my services to ULM to support the activities of the University. The volunteer position is described in the attached Description of Volunteer Duties.
- 2) I understand and agree that, as a volunteer, I am not an employee of ULM. Therefore, I understand and agree that I will not receive compensation, payment, benefits, or other valuable consideration for the services provided as a volunteer under this agreement.
- 3) I understand that ULM does not provide me with accident or medical insurance and is not responsible for any accidents or medical expenses incurred by me. Further, I understand that I may be entitled to medical only workers' compensation benefits as a result of my voluntary affiliation.
- 4) I agree to abide by all ULM policies, external regulations, and laws that govern my actions while volunteering my services.
- 5) I agree that while I am not an employee of ULM, I may be asked to complete a criminal background check, drug screen, and/or driving record check in order to volunteer for the University.
- 6) I understand that ULM shall have the right to release me as a University Volunteer at its sole discretion at any time and without prior notice.
- 7) I, on behalf of myself, my heirs, and my representatives do hereby release, waive, indemnify, and hold harmless the State of Louisiana, ULM or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or is related to my volunteer activities.
- 8) I acknowledge that while serving as a volunteer, I may be provided with or have access to confidential information and/or proprietary information of ULM. Such information may include, but is not limited to research data, results, reports, analyses, student and student-related information, methods of operation, trade secrets, training materials, budgeting, staffing needs, databases, marketing information, equipment capabilities, financial and other information connected with or related to the University that is not generally known to the public (collectively, "Confidential Information"). I agree that I will take all necessary steps to protect any confidential information that I may receive. I agree that I will not permit the unauthorized access, use, or disclosure of any confidential information to any third party except as required by applicable law. This provision shall survive the termination or expiration of this agreement.
- 9) I understand the terms and conditions of this agreement are valid for the duration of my volunteer status as so determined by ULM. This agreement may be modified by ULM as it deems necessary and, if so modified, I will be provided with notice of such modifications.

Please affirm your acceptance of the terms of this agreement stated above with your signature, and please accept our sincere thanks for your valuable contribution to ULM.

Volunteer Signature	Date	Volunteer Print Name	
Parent or Guardian Signature	Date	Department Head Signature	Date