

Volunteer Request Form

Volunteer Name:

UID (If applicable):

Department Name: Dept of Ag Horticulture Center

Requester Name: Jessica Chambers

Date(s) of the Volunteer Service: ____/____/____ - ____/____/____ (final date must be before 12/31)

Please complete the following and submit to Human Resources with the attached volunteer form (the attached volunteer form must be completed any time an individual is properly volunteering in any capacity on behalf of the University).

An individual can be considered a volunteer ONLY if approved by Human Resources after all of the required conditions are met. Completing this form assists Human Resources in assessing if the volunteer requirements are met.

The individual may NOT begin providing services in his/her volunteer capacity until this form has been submitted to and reviewed/approved by appropriate Human Resources personnel.

How did this volunteer opportunity arise?

The individual will be performing hours of service without promise, expectation, or receipt of compensation for services rendered.

Yes No

The individual offers services freely and without pressure or coercion.

Yes No

The individual is not currently employed by Illinois State University to perform the same or similar type of services as those for which the individual proposes to volunteer

Yes No

The individual is not going to be employed by Illinois State University in the future to perform the same or similar type of services as those for which the individual proposes to volunteer.

Yes No

The individual is **not** being unilaterally converted from "employee" status to "volunteer" status by the University.

Yes No

If you answered No to any of the above, then please explain.

For Human Resources Use Only:

Approved? Yes No

HR Approver:

**ADULT VOLUNTEER AND
PERSONAL ASSUMPTION OF RISK AGREEMENT**

The University relies on the goodwill and support of its volunteer service providers in a variety of areas. The following recites the terms and conditions of my voluntary service:

As an adult who intends to volunteer for participation in the following activity at Illinois State University: **Department of Agriculture Horticulture Center Volunteer** (“Project”) as assigned by authorized representatives of Illinois State University, I understand and accept that participation in the Project *requires* (1) my attentive personal responsibility, and (2) my personal assumption of risks of bodily injury and other losses.

In the event of an injury during or related to this Project sponsored and conducted by Illinois State University, I, _____ (please print name), understand and accept the general and specific personal risks of bodily injury or other loss involved with this Project. I understand that participation in this volunteer service carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but may include: *insect bites, exposure to chemicals, use of hand & power tools, and machinery (“Gator” & mowers, noise pollution, and exposure to environmental conditions (ex: sun, heat, etc.).* In consideration of Illinois State University’s permitting me to participate in this Project, I agree *subject only to limitations of acts of gross negligence* by the University, that neither I, nor my agent, family, heirs or personal representative will hold the State of Illinois, the Board of Trustees of Illinois State University, its Trustees or any of its employees or agents, legally or financially responsible for any injury, losses, damages or expenses incurred from any injury I may experience that may be directly or indirectly attributed to the above-named Project. I agree to obtain and maintain my own personal health insurance for personal injuries or sickness. I understand and agree that I will be solely responsible for any costs or expenses incurred by me for personal injury or sickness or any health-related issues which may result or arise from my participation in this Project.

I agree to read and abide with any Safety Rules applicable to my participation in this Project provided to me by the University. I attest and certify that I am over 18 years of age, and to the best of my knowledge and belief that I am physically fit to participate in the Project. Based on these representations on which all representatives of Illinois State University may rely without qualification, I request permission to participate in the above-named University Project.

I understand my duties will be subject to the same standards of oversight and performance that are applicable to regular employees. Accordingly, access to college facilities and resources may be provided and coordinated by department and college administrators. It is understood my volunteer services under this Agreement will also be considered covered under the State Employee Indemnification Act, though not by the State’s workers compensation program. My signature below confirms my acceptance of these terms and conditions, and my agreement to provide this service on a volunteer basis.

Offered by:

Authorized Administrator (Jessica Chambers)
Illinois State University

Date

Accepted by:

Volunteer Participant’s Signature

Date

Approved by:

Authorized Human Resources Signature

Date