**Volunteer Agreement**

To:       (Volunteer’s Name)

I consulted with my supervisor and Vice Chancellor (or designee) and confirm your service as a volunteer in the       (Program) in the       (Department) at the University of Wisconsin-Stevens Point for the period       to      . Your service to the University may be terminated at any time prior to the end date specified by your supervisor without notice. As a volunteer, you are not considered an employee of the University. The approximate number of hours you will volunteer is       per      .

After review of the UWSP Criminal Background Check Policy and consultation with UWSP Human Resources (if needed), I have determined that this position is:

|  |  |
| --- | --- |
| Position of Trust: | Yes  No  (Defined as: Having property access, financial/fiduciary duties, and all executive positions) |
| Position of Trust with Access to Vulnerable Populations:  *For additional information, view the CBC policy* [*here*](https://www.wisconsin.edu/regents/policies/university-of-wisconsin-system-criminal-background-check-policy/)*.* | Yes  No  (Defined as: Responsibilities require unsupervised or significant access to vulnerable populations, defined as minors and medical patients. For purposes of this policy, a minor is a person under the age of eighteen (18) who is not enrolled or accepted for enrollment at a UW System institution. Examples of settings with vulnerable populations include child care centers, summer camps for minors, precollege or enrichment programs, and health care facilities. This category also includes employees who are not directly working in those units, but have unsupervised access to the unit when the vulnerable population is present. This category does not include faculty or instructional academic staff performing regular teaching, service, and research responsibilities unless these responsibilities include unsupervised or significant access to vulnerable populations.) |
| Will engage with minors in a covered activity identified in the [UWS Administrative 625 Policy: Youth Protection and Compliance](https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/youth-protection-and-compliance-2/) | Yes  No |

During your time with our department/unit, you will be performing the following duties

under the supervision of       (Name of Direct Supervisor and Business Phone Number).

Your volunteer status qualifies you for extension of the professional liability coverage provided to agents of the University of Wisconsin System so long as any potential liability occurs while you perform duties that fall within the scope of the description provided above/attached. This position carries no remuneration, and you are not eligible for any benefits (i.e. health insurance, worker’s compensation, etc.) other than those specifically set forth within this letter. Since volunteers are not covered by the State's worker compensation program or health insurance, you are advised to maintain your own health and accident insurance.

For volunteers engaged in instructional activities: This offer does not involve the full range of teaching, research, and service responsibilities of the probationary and tenured faculty. In addition, the position carries no expectation of tenure and is not subject to normal faculty/instructional academic staff policies/procedures.

I will be pleased if you accept this appointment as a volunteer and make your expertise to our project/program under the conditions outlined. If you accept this volunteer appointment, please sign this letter and return to me. If this letter is in paper format, you will receive a copy.

Sincerely,

      (Typed Department Head/Approver)

      (Position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_     \_\_

Signature Date

***Volunteer’s Agreement***

I have reviewed, understand, and accept the terms and conditions related to my service as a volunteer outlined in this letter and at <https://www.uwsp.edu/hr/Pages/Volunteers.aspx>.

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Volunteer Signature Date

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Parent/Guardian of Volunteer Name (If Volunteer is under the age of 18)

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Parent/Guardian of Volunteer Signature Date

c: Supervisor

Dean/Director

Vice Chancellor

Human Resources