



Volunteer Agreement

To: _____ (Volunteer's Name)

After consultation with my supervisor and Vice Chancellor (or designee), I can 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:

- Not a Position of Trust
- Position of Trust (property or financial/money access (see [UWSP CBC Policy](#) for definitions)
- Position of Trust for Vulnerable Populations (see [UWSP CBC Policy](#) for definition)
- Will engage with minors in a covered activity identified in the [UWS Administrative 625 Policy: Youth Protection and Compliance](#)

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>.

Volunteer Signature

Date

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

Parent/Guardian of Volunteer Signature

Date

c: Supervisor
Dean/Director
Vice Chancellor
Human Resources