

Volunteer Agreement

This agreement, made this ____ day of _____, 20____, by and between **CHARLESTON SOUTHERN UNIVERSITY**, doing business in Charleston, South Carolina, (hereinafter referred to as "The University" and _____, an individual (herein after referred to as "Volunteer").

WITNESSETH THAT:

WHEREAS, The University desires to have services provided by Volunteer and Volunteer desires to provide those services within the terms and conditions set forth below:

NOW, THEREFORE, the parties mutually agree as follows:

Volunteer will adhere to the same employment guidelines as The University's employees. However, nothing in this Agreement shall be construed to confer employment status, expectation of employment or any employment rights on Volunteer.

Since The University is a not-for-profit organization, Volunteer agrees to provide _____ services to The University for no compensation.

Volunteer agrees to furnish and keep in full force and effect personal health and life insurance coverage for Volunteer, with no compensation of insurance expenses from The University.

Volunteer hereby acknowledges that he/she has been informed of the need for a physician's approval for participation in athletic activities or in the use of exercise equipment and machinery. Volunteer also acknowledges that it has been recommended that he/she have a yearly or more frequent Physical examination and consultation with his/her physician as to physical activity, exercise and the use of exercise and training equipment so that Volunteer might have professional recommendations concerning these fitness activities and equipment use. Volunteer acknowledges that he/she has either had a physical examination and has been given physician's permission to participate, or that Volunteer has decided to participate in activity and use of equipment and machinery without approval of his/her physician.

Volunteer willingly agrees to comply with the rules of The University. If Volunteer observes or otherwise becomes aware of any hazard during his/her participation, Volunteer agrees to immediately bring it to the attention of the nearest University official.

The risk of injury from athletic activity is significant, particularly if the Volunteer does not consult a physician prior to engaging in these fitness activities and equipment use, including the potential for permanent disability and death. Volunteer knowingly and freely assumes all such risks, both known and unknown.

Integrating Faith in Learning, Leading and Serving

VOLUNTEER HAS READ THIS AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTANDING THAT VOLUNTEER HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Volunteer also further agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is expressly agreed that the remaining terms and conditions shall remain in full force and effect.

The information contained in my application for employment or volunteer work with The University is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The University shall result in The University rejecting me as a volunteer. I understand and agree that all information furnished by me for the purpose of volunteering may be verified by The University or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The University all information relative to such verification and hereby release such individuals, organizations, and The University from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The University that The University may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The University in making certain employment and volunteer selection decisions. A credit report will be run for any position that requires financial information on prospective candidates. I further acknowledge notification by The University that reports may be provided to The University by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The University, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The University, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The University agrees to inform candidates if an employment or volunteer decision has been influenced by information contained in a consumer report requested by The University and performed by Castle Branch, Inc. A free copy of the report may be obtained within sixty days by calling Castle Branch Inc. collect @ 1-910-815-3880 or toll free @ 1-888-723-4263. The University will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

Social Security number _____ Date of Birth _____.

Volunteer Start date _____ End date _____

Volunteer Name (Printed)

The University Representative Name (Printed)

Signature

Signature

Title: _____

Date: _____

Date: _____

To be Completed by The University Representative Only:

In order to fulfill their volunteer duties and obligations to the University, please provide The Volunteer with the following (check as appropriate):

ID Card Parking Pass CSU Email Address Meal Ticket (athletics only)