

Volunteer Application Form

Volunteer Assignment Information:

Reporting Department/Area:	Supervisor of Volunteer:	Starting Date:	Ending Date:

Volunteer Information:

First Name:	Middle Name:	Last Name:

Address:	City:	State:	Zip:

Social Security No. (if required for background checks):	Date of Birth:	Email Address:

Primary Phone:	Alternate Phone:	Other Phones:

Have you ever been convicted of a felony?			If yes, Please explain and list dates:
Yes	No	N/A	

Driving Requirements:

Do you currently have a valid driver's license (to Drive in Volunteer Role)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, list license number and valid dates:	Do you currently have a valid GA commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, list license number and valid dates:

Education:

High School Attended:	College Attended:	Highest Degree Awarded (when & where):

Special Considerations:

In connection with your application to volunteer with Albany State University you understand that consumer reports or investigative consumer reports may be requested about you including information about criminal record and sexual offender status and may involve public record or various federal, state, or local agencies. If your duties involve significant fiscal oversight, we will conduct a credit check.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information.

***Note: All drivers must submit to a drug screen.**

BY SIGNING BELOW, I certify that I have read and agree with these statements and that all supplied information is accurate and complete to the best of my knowledge.

Applicant's Signature and Date

**Official Use Only
Authorized By:**

(Signature) (Date)

Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 20____, by
(DAY) (MONTH)
_____ (printed name of Volunteer)

The Volunteer desires to work as a volunteer for Albany State University and to engage in the activities related to being a volunteer. The volunteer understands that the activities may include a variety of skills and physical exertion.

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. Waivers and Release. Volunteer does hereby release and forever discharge and hold harmless Albany State University and its officers, directors, employees, agents, volunteers, students and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Albany State University.

Volunteer understands and acknowledges that this Release discharges Albany State University from any liability or claim that the Volunteer may have against Albany State University with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for Albany State University whether caused by the negligence of Albany State University or its officers, directors, employees, agents, volunteers, students or otherwise. Volunteer also understands that, except as otherwise agreed to by Albany State University in writing, Albany State University does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical health, or disability insurance, in the event of injury or illness.

2. Medical Treatment. Except as otherwise agreed to by Albany State University in writing, Volunteer does hereby release and forever discharge and hold harmless Albany State University and its successors and assigns from any and all liability or claims which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's work for Albany State University.

3. Assumption of Risk. The Volunteer understands that the work for Albany State University may include activities that may be hazardous to the volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from work sites. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Albany State University from all liability for injury, illness, death or property damage resulting from the activities the Volunteer performs on behalf of Albany State University.

4. Insurance. The Volunteer understands that, except as otherwise agreed to by Albany State University in writing, Albany State University does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. Photographic Release. Volunteer does hereby grant and convey unto Albany State University all rights, title, and interest in any and all photographic images and video or audio recordings made by Albany State University during the Volunteer's work for Albany State University, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Non-Employment. Volunteer does hereby confirm and acknowledge that his/her services are voluntarily offered and are rendered as a Albany State University non-compensated volunteer to assist with the general activities and programs associated with the University. Volunteer acknowledges and understands that s/he is not an employee of Albany State University and will receive no pay, benefits, or other privileges of employment of any kind for services rendered, including, but not limited to, salary, travel, parking, reimbursement for transportation, or any other expenses whatsoever which may be incidental to his/her services as a volunteer. Volunteer acknowledges and understands that because he/she is not an employee of Albany State University, s/he is not entitled to any benefits normally associated with employment, such as workers' compensation, unemployment compensation, retirement, and paid leave accrual.

7. Confidentiality. Volunteer acknowledges that during his/her voluntary services or participation, s/he might have access to, or be exposed to confidential information of Albany State University which may include, but not limited to; social security numbers, addresses, telephone numbers, files, correspondence, health or personal information, as well as conversations, electronic records, emails, data bases and recordings. In the performance of duties, Volunteer may gain access to sensitive or confidential information and records that may be protected from disclosure by federal or state law. Examples include education records protected under the Family Educational Rights and Privacy Act of 1974 (FERPA), medical records protected by The Health Insurance Portability and Accountability Act of 1996, and employee records that are protected from disclosure under the Georgia Public Information Act. Volunteer understands that unauthorized disclosure of such Protected Information can adversely impact the University, individual persons, or affiliated organizations. Volunteer acknowledges that disclosure of such information could cause irreparable harm or damage to Albany State University, its employees and/or students. S/he therefore agree that to keep confidential and not disclose any information acquired from Albany State University, its staff, students, agents, or representatives in connection with this agreement, services, or participation. Volunteer acknowledges and agrees that his/her obligation to maintain confidentiality does not expire and remains in effect even after this agreement for services has expired.

I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless Albany State University State for any inaccuracy or misrepresentation.

Required Signatures:

Volunteer:	_____	Date:	_____
Parent/Guardian (if under 18):	_____		
Supervisor:	_____	Date:	_____
Business Unit Leader:	_____	Date:	_____