

VOLUNTEER AGREEMENT

{Date}

Dear \_\_\_\_\_:

I am pleased that you have volunteered your services to work with Dr. {faculty member} in the Department of {department} for the period of {start dt – end dt}. This agreement only applies to this time period and a new agreement will have to be mutually signed for any volunteer activity outside of this period. Please carefully read this entire letter and acknowledge the statement at the end with your signature and date, if correct. If you are a minor, your parent/guardian must also sign the form.

A {description of the duties and responsibilities} that will or may be ascribed to this volunteer activity are summarized as:

{Special requirements} (dress, tools, licenses, etc.): \_\_\_\_\_

{Schedule} (typical): \_\_\_\_\_

{Supervisor} (name, position): \_\_\_\_\_

All lab personnel you will work with have received mandatory Title IX training, as per Virginia Tech policy. (List of all personnel who will likely work with this volunteer Title IX training status.)

Name	Position/Role in the lab	Received Title IX training?

A copy of this form will be retained by the Office of Undergraduate Research (ph: 540-231-7737) and the department in which you will volunteer, for the duration of your appointment.

You will receive instruction and training for the tasks and duties you will perform, as needed, based upon an assessment of your background and your request(s). Duties should only be performed during the scheduled time and with the knowledge of the Supervisor. You should discuss any questions or concerns regarding your schedule or duties with the Supervisor.

As a volunteer, there is no compensation given for your services. In the event that you incur **pre-approved** expenses as a consequence of carrying out requested services, you will be reimbursed.

You will be expected to provide contact information so that you may be reached about your duties or changes in scheduling. In addition, you will need to put information on file for an emergency contact and any preferences regarding medical care. If you have any medical conditions that may affect or be affected by duties you agree to perform, necessary accommodations are to be discussed with the Supervisor in advance of undertaking those tasks.

Again, I welcome you to the Department, thank you for your contribution, and hope you have satisfactory experience during your time with us.

Sincerely,

{Name of Authority}

{Title}

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I have read and understand the above information. Further, I agree to the terms and duties given for my service as a volunteer at Virginia Tech.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the volunteer is a minor (under age 18), a parent/guardian must also sign.

Parent/Guardian printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this form will be retained by the Office of Undergraduate Research (ph: 540-231-7737) and the department in which you will volunteer, for the duration of your appointment.

Volunteer agreement/06282016

**Contact Information**

Full Name of Volunteer: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of School/Institution you attend: \_\_\_\_\_

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**Emergency Contact Information**

Name: \_\_\_\_\_ Relation to volunteer: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Immunization History**

Are your immunizations up to date? Yes No

Date of most recent tetanus shot: (month/year) \_\_\_\_\_

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**Medical Information**

Is there any *relevant* medical information about yourself that you would like to share (for example current medications, allergies) \_\_\_\_\_

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